



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**
Address: **AB Fernandez Ave., Dagupan City**
Tel.Fax No.: **522-2328 / 522-0080**
Supplier Registered with: **157-686-860-002 V**

PO No. **17-82**
Date: **6/21/2017**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within **7 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	roll	ADHESIVE TAPE Size 1", double sided with foam	23.50	47.00
	3	roll	ADHESIVE TAPE Size 2", double sided without foam	22.80	68.40
	1	bx	CONTINUOUS FORMS 11 X 14 -7/8 (280mm X 378mm), 2 PLY, plain, 55 gsm, carbonless with crimping and side perforations, shall have sprocket feed holes in both left hand and right hand margins, 1000 sets/box	1,150.00	1,150.00
	1	bx	CONTINUOUS FORMS 11 X 14 -7/8 (280mm X 378mm), 3 PLY, plain, 55 gsm, carbonless with crimping and side perforations, shall have sprocket feed holes in both left hand and right hand margins, 500 sets/box	940.00	940.00
	88	pc	FOLDER Metal ring Binder, Long, 2 Hole Arc File, black, for not less than 2-1/2 inches thick file	69.50	6,116.00
	11	pck	POST-IT FLAG small flags (eartag)	18.50	203.50
	20	pck	POST-IT FLAG Standard flags	23.50	470.00
	2	bx	PUSH PIN Hammer head type, assorted colors, 100's/bx	24.00	48.00
	1	pc	RING BINDER Size: 3/4 x 44, (3/4' x 44'), Medium, plastic, assorted colors	16.50	16.50
	9	pad	STICK-ON NOTE PAD50mm x 76mm (2 x3), 70gsm (min.), 100 sheets per pad, assorted colors	15.00	135.00
	14	pad	STICK-ON NOTE PAD 76mm x 100mm (3x4), 70gsm (min.), 100 sheets per pad, assorted colors	32.00	448.00
	18	pck	STICK-ON NOTE PAD 76mm x 76mm (3x3), 70gsm (min.), 100 sheets per pad, assorted colors	21.00	378.00
	157	roll	TAPE TRANSPARENT, Size: 1 (24mm) 50M	12.50	1,962.50
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	11,982.90
			Less: VAT (5%/1.12)	534.95	
			EWI (1%/1.12)	106.99	641.94
			PR No. 17-0411-0234		
			PURPOSE: Procurement of 2nd quarter supplies for CY 2017	TOTAL	11,340.96

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of the MSD Chief

Very truly yours,

MARIE DONNA O. ANTONA
ADMINISTRATIVE OFFICER IV

MARICAR M. ARZADON, M.D.
MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 11,982.00	APPROVED:
JOSE A. MONES Fiscal Controller	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
EDWARD Q. ESPIRITU OIC-FMS Head	By the authority of the OIC-ORVP
With in the COB: _____	MARICAR M. ARZADON, M.D. MO VII / MSD CHIEF
Expense Code: _____	
Bdget: _____	
Remarks: _____	
Conforme: _____	
MARLO D. NOVALES Signature over Printed Name and Position of Authorized Representative	Date: 6/28/17

