



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **GNS TIRE & SERVICE CENTER INC.**

PO No. **17-85**

Address: **#6 Lucao District, Dagupan City**

Date: **6/16/2017**

Tel.Fax No.: **523-0138/9828 (fax)**

Terms of Payment: **Charge**

Supplier Registered with: **006-016-737-000 V**

Mode of Procurement: **Shopping**

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pcs	Auto Supply TIRE, size 205/65 R15 (Bridgestone EP 200)	4,050.00	81,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
		Warranty: 4 years	Less: VAT (5%/1.12)	3,616.07	
			EWT (1%/1.12)	723.21	4,339.28
			PR No. 17-0517-0279		
			PURPOSE: For PRO 1 use from the APP Amendment batch 2	TOTAL	76,660.72

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**.

BY THE AUTHORIZED REPRESENTATIVE: Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

MARIMEL C. BRAVO
FISCAL CONTROLLER III

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

Certified Budget Available:

Funds Available in the amount of: 81,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD C. ESPIRITU
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE :
COA

JUN 22 2017

Received By:

Time: 11:16 PM

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE
OIC-OFFICE OF THE REGIONAL VICE PRESIDENT

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date