



POWAM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 17-88

Date: 6/27/2017

Terms of Payment: Charge

Mode of Procurement: Direct Contracting

Please deliver to this office within 15 working days from receipt hereof the following:

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
4. 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.
5. 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.
6. 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,

MARICAR M. ARZADON, M.D.

MO YU / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>9,949</u>	APPROVED: _____
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPINOSA OIC-FMS Head
Which in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE OIC-OFFICE OF THE REGIONAL VICE PRESIDENT
Conforms: _____	By the authority of the OIC-ORVP JUN 11 2017 MARICAR M. ARZADON, M.D. MO VR / MSD CHIEF
Signature over Printed Name and Position of Authorized Representative: <u>JACQUELINE M. CARUBA</u>	Date: <u>JUNE 29, 2017</u>

PHILHEALTH REGIONAL OFFICE I
GOA

JUL 05 2017

Received By: AG 9:45 AM
Time: