

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

**Supplier:** SIM MART DEPARTMENT STORE  
**Address:** 108 AB Fernandez St., Dagupan City  
**Tel.Fax No.:** 523-3081  
**Supplier Registered with:** 103-870-049-000 V

**PO No.** 17-90  
**Date:** 6/30/2017  
**Terms of Payment:** Charge  
**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
	6	pcs	Prepaid Card for Cellphone load (500)	500.00	3,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		133.93
			PR No. 17-0602-0295		
			PURPOSE: For BAS use		
			<b>TOTAL</b>		<b>2,866.07</b>

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 MARICAR M. ARZADON  
 FISCAL CONTROLLER II  
 6/30/17

Very truly yours,  
**MARICAR M. ARZADON, M.D.**  
 MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 3,000.00  
 JOSE A. MONES Fiscal Controller  
 EDWARD Q. ESPIRITU OIC-FMS Head  
 With in the COB: \_\_\_\_\_  
 Expense Code: \_\_\_\_\_  
 Bdgct: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 Conforme: \_\_\_\_\_  
Marian Bawit Date: 7/4/17  
 Signature over Printed Name and Position of Authorized Representative

APPROVED:  
**ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEF**  
 OIC-OFFICE OF THE REGIONAL VICE PRESIDENT  
 By the authority of the Atty. R. B. Del Rosario  
**MARICAR M. ARZADON, MD**  
 MO VI, Division Chief-MSD  
 Date

