



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **LIM PAN COMMERCIAL**

PO No. **17-91**

Address: **AB Fernandez Ave., Dagupan City**

Date: **6/30/2017**

Tel.Fax No.: **522-2056 / 523-0478**

Terms of Payment: **Charge**

Supplier Registered with: **102-278-100-000 V**

Mode of Procurement: **Shopping**

Please deliver to this office within **21-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3,210	sets	Box Corrugated, plain, 200 lbs., B Flute, HSC, Self-lock, glued joint, Size: Body: 14-15/16 x 11-1/4 x 10-3/16, Cover: 16-1/2 x 26-1/8	28.00	89,880.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	4,012.50	
			EWT (1%/1.12)	802.50	4,815.00
			PR No. 17-0301-0198		
			PURPOSE: Procurement of 1st quarter supplies for CY 2017	TOTAL	85,065.00

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

BY THE AUTHORITY OF THE MSD CHIEF
JANICE RABOS
Fiscal Controller IV

Very truly yours,

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

Certified Budget Available: Funds Available in the amount of: **89,880.00**

JOSE A. MONES
Fiscal Controller II

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE I
COA

JUL 05 2017
Received By: **AB** 4:43 PM
Time:

APPROVED:

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

By the authority of the
MARICAR M. ARZADON, MD
MO VI, Division Chief-MSD

Conforme:

GIRLIE GAPUZ

Date: **7/5/17**

Signature over Printed Name and Position of Authorized Representative

Date