



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

UNJ, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **DEPENDABLE PACKAGING & PRINTING HOUSE CORP.**  
Address: **2F DPPHC Bldg., #53 Donesa St., West Canumay, Valenzuela City**  
Tel.Fax No.: **(02) 292-7959/ 293-2053/ 456-7126/ 294-6521 (fax)**  
Supplier Registered with: **004-609-386-000 V**

PO No. **17-92**  
Date: **6/30/2017**

Terms of Payment: **COD**  
Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within **pick-up by client, available within 15 working days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	146,300	pcs	Member's ID Size: 9cm x 6cm - 1out 9cm x 28cm - 4outs COLOR: Full/Full MATERIAL: Vellum 230gsm PROCESS: Offset OTHERS: with perforation (4x) XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	0.30	43,890.00
			Less: VAT (5%/1.12)	1,959.38	
			EWI (1%/1.12)	391.88	2,351.26
			PR No. 17-0103-0066, 17-0426-0253, 17-0428-0258, 17-0209-0159		
			PURPOSE: For PRO I use		
			TOTAL		41,538.74

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 their 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 AUTHORITY OF THE **MO VI** be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

**MARICAR M. ARZADON, M.D.**  
FISCAL CONTROLLER II

**JANE J. RABOS**  
Fiscal Controller IV

Very truly yours,

**MARICAR M. ARZADON, M.D.**  
MO VI / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: **49,800.00**

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPRITU**  
OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

**Rowena G. Aruna**

Date: **7/1/17**

Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

By the authority of the **OIC-RVP**  
**MARICAR M. ARZADON, M.D.**  
MO VI / Division Chief-MSD

Date

PHILHEALTH REGIONAL OFFICE I  
COA  
**JUL 06 2017**  
Received By: **AB 11:15 AM**  
Time: