

PURCHASE ORDER

Please deliver to this office within **C.O.D** from receipt hereof the following

Terms & Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail
3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which 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.
7. Retention Fee of 1% of gross amount (GPPB Resoution No. 30-2017 of 2016 Revised IRR of RA 9184).

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php2,940.00	APPROVED:
THERESA M. TINDOY Fiscal Controller III		LYNIE S. ARCENAS Fiscal Controller III	DR. ISRAEL FRANCIS A. PARGAS HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2018 Expense Code: 5020301001 110 Budget: P 2,940 - /VAP: 644 Remarks:			
CONFORME: ENRIQUE ROLAN DE L. GARCIA Acting Chief, Sales & Marketing Division Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date	