REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier: ST. FRANCIS SQUARE DEPARTMENT STORE, INC.
Address: 4/F St. Francis Square Bldg. Julia Vargas, Ortigas Center, Mandaluyong City
Tel./Fax No.: 632-1010
Supplier Registered with PHILHEALTH

Purchase Order No.: 05-025-18
Date: May 4, 2018
Term of Payment: On Account
Mode of Procurement: Shopping

Please deliver to this office within 30 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	17	box	Index Tab, transparent, self adhesive, asorted colors, (5 sets/box)	60.00	1,020.00
2	97	pad	Post it Small flags (multag), 3M 683-5CB	248.00	24,056.00
3	106	pad	Post it Note, Standard Flags 3M 680-1	78.00	8,268.00
4	83	pad	Stick on Note Pad, 2x2, 51mm x 51mm, 400 sheets/pad, assorted colors	169.00	8,427.00
5	29	bottle	Glue, white, 473ml	373.00	10,817.00
6	23	pc.	Paste, roll on	8.75	201.25
7	7	jar	Paste, solid with water well and applicator, 200gms	45.00	315.00
8	13	book	Record Book, 300 pages, 215mm x 275mm, 55gms, smythe sewn, with official Record Book Printing	66.50	864.50
9	160	pc.	Coverboard, Morocco, assorted A4	3.70	592.00
10	76	pc.	Coverboard, Morocco, assorted Legal	3.75	285.00
11	10	pc.	Manila paper, 60gsm, thicknessP: 0.014mm, min. domension: 1200mm x 900mm, min. (10 sheets per sleeve)	2.40	24.00
12	9	pack	Paper Neon, colored, 210mm x 297mm A4, (10pcs./pack)	19.00	171.00
13	33	pack	Paper, Special, color specified, (10's) short	25.00	825.00
14	19	pack	Sticker Paper, A4 (10 pcs./pack)	31.50	598.50
					56,464.25
			LESS: EWT 1% 564.15		
			GMP 5% 2,520.73		3,024.88
					53,439.37

PR #
18-0118 dtd. 04-06-18 - PRID 2nd Quarter Stock
18-0116 dtd. 04-06-18 - PRID 2nd Quarter Stock
18-0120 dtd. 04-06-18 - PRID 2nd Quarter Stock
18-0141 dtd. 04-18-18 - PRID 2nd Quarter Stock

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 acknowledge 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. Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

ELY E. ROXAS
Administrative Officer III

Certified Budget Availability:	Funds Available in the amount of:	Php56,464.25	APPROVED:
THERESE M. TINDOY Fiscal Controller III	LYNIE S. ARCENAS Fiscal Controller III		DR. ISRAEL FRANCISCO PARGAS HEAD OF THE AGENCY or Authorized Representative
Within the COR: Expense Code: Budget: Remarks:			
CONFORME: Signature over Printed Name and Position of Authorized Representative			Received copy of P.O.: Date