FROM : JAY! BANANGA



## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 709 CityState Center Bldg. Shaw Blvd. Broy. Oranbo, Pasig City Telefax No. 537-3158 637-4735

**PURCHASE ORDER** 

| 11          | and the same of the same             | Purchase Order No.:  | 09-087-18          |
|-------------|--------------------------------------|----------------------|--------------------|
| Supplier:   | GBR-GEN. GENERAL MERCHANDISE         | Date:                | September 12, 2018 |
| Addres:     | 1034 B. Mindoro St. Sampaloc, Manila | Term of Payment:     | On Account         |
| Tel.Fak No. |                                      | Mode of Procurement: | Shopping           |
| Supplier Re | gistered with PHILHEALTH             | 11000 01 110000 1    |                    |

from receipt hereof the following 15 working days e deliver to this office within TOTAL UNIT ITEM DESCRIPTION UNIT NO QTY AMOUNT PRICE 11,600.00 580.00 LUBRICANT, WO40, 328ml 45,000.00 20 300.00 CAR CLEANER, Rubberized, chambis type 2 150 pcs 19,000.00 190.00 CAR FRESHENER, assorted scent 3 100 cans 5,000,00 25.00 FRANELA, 12" X 17" 200 pas 80,000.00 4 400.00 CAR SHAMPOO, 1602. cans 200 140,600,00 1,433.93 4 1% LESS: **FWT** 8,603,57 7.169.64 5% GMP 151,996.43 PR# 18-0422 DTD. 08-20-18 - PRID

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 fox or e-mall.

3. Delivery of the above itom(s) shall be made within the prescribed echedule dates. Supplier are advised to inform Procurement Section at 3. Delivery of the above itom(s) shall be made within the prescribed echedule dates. Supplier are advised to inform Procurement Section at 3. Delivery of the above itom(s) shall be made within the prescribed echedule dates. Supplier are advised to inform Procurement Section at 3. Delivery of the above itom(s) that it is not provided to the day it was acknowledged.

c. Delivery or the above nom(e) enable emade within the prescribed schedule dates. Supplier are advised to find in the reduction 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 Chystete Ctr. Bidg., Pasig City.

4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.

5. Defrotive, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With physician for a backure with in case of reper

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 Phliheatith No Gift Policy (Revision 1) to this Contract. No Philheatith personnel shall solidit, demand, or accept, directly or indirectly, any gift which is deemed incorporated into this Contract. No Philheatith personnel shall solidit, demand, or accept, directly or indirectly, any gift which is given in the course of official duties or which in connection with any transaction which may affect the functions of their office of influence the actions of directors or employees, or create the appearance of a conflict of interest.

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

|                                      |      | Very  | ELY E. ROXAS  Administrative Officer III  |
|--------------------------------------|------|---|---|
| Certifie                             | 1 61 | dget Available: Funds Available in the smount of: Php160,600.00       | APPROVED:   |
| Within<br>Expens<br>Budget<br>Remark | 10 8 |   | MARY ANN A. MALINIS  HERD, SBAC  HEAD OF THE AGENCY  or Authorized Reprosentative |
| CONF                                 | DR   | Signature over Printed Name and Position of authorized representative | Received copy of P.O.:  — 7 — / Z — / Sate  |
|                                      | Τ    |   |   |