

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: MOED INC. Purchase Order No.: 10-100-18  
Address: 47 Kalayaan Avenue, Diliman Quezon City Date: October 2, 2018  
Tel.Fax No.: 922-7354 Term of Payment: C.O.D  
Supplier Registered with PHILHEALTH Mode of Procurement: Direct Contracting

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

| NO. | QTY | UNIT | ITEM DESCRIPTION                      | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---------------------------------------|------------|--------------|
| 1   | 9   | PCS  | FINANCIAL DESK CALENDAR REFILL (2019) | 180.00     | 1,620.00     |
|     |     |      |                                       |            | 1,620.00     |
|     |     |      | LESS: EWT 1% 14.46 ✓                  |            | 86.78 ✓      |
|     |     |      | GMP 5% 72.32 ✓                        |            | 1,533.22 ✓   |
|     |     |      | PR #                                  |            |              |
|     |     |      | 18-0228 dtd. Treasury Department      |            |              |

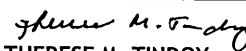
Terms & Conditions:

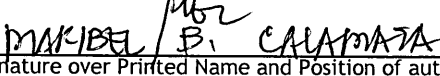
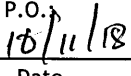
- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged have been received by a representative either through fax or e-mail
- 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.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 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.
- 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 Available:                                                                                                       | Funds Available in the amount of:                                                                                                | Php1,620.00 | APPROVED:                                                                                                                                                                       |
| <br>THERESE M. TINDOY<br>Fiscal Controller III | <br>LYNIE S. ARCENAS<br>Fiscal Controller III |             |                                                                                                                                                                                 |
| Within the COB: 2018                                                                                                              |                                                                                                                                  |             |                                                                                                                                                                                 |
| Expense Code: 5020301001/STAB 10                                                                                                  |                                                                                                                                  |             |                                                                                                                                                                                 |
| Budget: P 1,620 - Treasury Dept.                                                                                                  |                                                                                                                                  |             |                                                                                                                                                                                 |
| Remarks:                                                                                                                          |                                                                                                                                  |             |                                                                                                                                                                                 |
|                                                                                                                                   |                                                                                                                                  |             | <br>MARY ANN A. MALINIS<br>Head, SBAC<br>HEAD OF THE AGENCY<br>or Authorized Representative |

|                                                                                                                                                              |                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| CONFORME:                                                                                                                                                    | Received copy of P.O.:                                                                        |
| <br>Signature over Printed Name and Position of authorized representative | <br>Date |