

CONFIRMATION: Signature over Printed Name and Position of authorized representative <i>Theresa M. Timboy</i> Date: <u>11-21-18</u> Received copy of P.O.:		Within the COB: <u>Nov 18</u> Expense Code: <u>640 4,000</u> Budget: <u>9,227.68</u> Remarks:
APPROVED: <i>Joseph O. Vergara</i> Head, SBAC HEAD OF THE AGENCY or Authorized Representative	THERESA M. TIMBOY Fiscal Controller III LYNIE S. ARCEBAS Fiscal Controller III PHP9,750.00	Funds Available in the amount of: Certified Budget Available:

Very truly yours,

Very truly yours,

1. The agency shall impose penalty in an amount equivalent to 1% 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 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 5:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 13th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
4. Delivery Receipt and Bill of Lading 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.
6. The contracting parties undertake to comply with Office Order No. 0019-2015 entitled (Relaxation 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 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 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 Resolution No. 30-2017 of 2016 Revised IRR of RA 9184).

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	LASER POINTER, wireless laser pointer (Silver) with page up/down presentation function-256MB USB Flash Drive	1,600.00	1,600.00
2	1	unit	Brand: Genius Media Pointer 100 Flash/Thumb Drive, High capacity storage	2,700.00	2,700.00
3	1	unit	Brand: Sandisk Ultra USB Flash Drive, 128GB USB 3.0 REORDER. Digital Voice Recorder, 4GB Brand: Sony ICD PX-470 Note: One (1) year warranty	5,450.00	5,450.00
LESS: EWT 1% 87.05 GMP 5% 435.27				522.32	9,750.00
				9,227.68	9,227.68

Please deliver to this office within 10 working days from receipt hereof the following

Supplier Registered with PHILHEALTH

Supplier Address: Unit 401 Unid Cano cor Gen. Matvar St. Taft Ave. Malate Manila

Tel./Fax No.: 526-2120

Purchase Order No.: 11-124-18

Date: November 20, 2018

Term of Payment: On Account

Mode of Procurement: Small Value Procurement

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

PURCHASE ORDER