PHILHEALTH REGIONAL OFFICE I
COA
8-23-18
Received By:
Time:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commercial Bldg. [illegible] Tapuac District Dagupan City

PURCHASE ORDER

[illegible] VENT ADMINISTRATIVE SECTION (GENERAL SERVICE UNIT)

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, Quezon City
Tel/Fax No.: (02) 924-2548 / 435-0772 (telefax)
Supplier Registered with: 165-436-365-000 V

PO No. 18-104
Date: 7/14/2018
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 15 working days upon approval of sample from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20,000	pcs	Duties and Responsibilities of an Employer flyer	1.02	20,400.00
2	20,000	pcs	OFW flyer	1.64	32,800.00
3	20,000	pcs	Nanay at Baby flyer	1.02	20,400.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	73,600.00
			Less: VAT (5%/1.12)	3,285.71	
			EWT (1%/1.12)	657.14	3,942.85
			PR No. 18-0611-0229, 18-0611-0232, 18-0628-0254		
			PURPOSE: [illegible]	TOTAL	69,657.15

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, **a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed**
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting party undertake to comply with Office Order No. 2018-2015 entitled "**Reiteration of PhilHealth No Gift Policy (Revision 1)** which is deemed incorporated in this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, 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 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.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven **(7) calendar days from notice**, PhilHealth shall demand **full refund of payment made "in cash" or "in check" three (3) calendar days.**

Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
OIC IV / MSD Chief

Certified Budget Available; Funds Available in the amount of [illegible]

JOSE A. MONES
Fiscal Controller

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

Item in the COB
Expense Class
Budget
Remarks

Conforme:

CHRISTIAN PEREZ
Signature over Printed Name and Position of Authorized Representative

Date: April 22, 2018

APPROVED
17 JUL 2018
ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Date