PHILHEALTH REGIONAL OFFICE
COA
8-2-18
Received By: [illegible]
Time: 5:04 pm

*Republic of the Philippines*
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM#- 006

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 18-108
Date: 7/27/2018

Supplier: SK HARDWARE & GENERAL MERCHANDISE
Address: Rizal St., Dagupan City
Tel.Fax No.: 522-5388 / 522-2559
Supplier Registered with: 131-149-412-000 V

Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 2-3 weeks from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 1 | unit | MULTI TESTER (clam tester) | 2,500.00 | 2,500.00 |
| | | | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx | | 111.61 |
| | | | Less: VAT (5%/1.12) | | |
| | | | PR No. 18-0510-0216 | TOTAL | 2,388.39 |
| | | | PURPOSE: For PRO 1 use | | |

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 parties undertake to comply with Office Order No. 0018-2015 entitled "**Reiteration of PhilHealth No Gift Policy (Revision 1)** which is deemed incorporate into 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.**
6. 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
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 2,500.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS Chief

With in the QSR:
Expense Code: 20521 (OTHER EXPENDABLE)
Budget: MSD-GSU
Remarks:

Conforme: Thelma R. Revilla
Signature over Printed Name and Position of Authorized Representative
Date: 08/02/18

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1
BY THE AUTHORITY OF THE RVP
JOSEPHINE D. QUITOD
FOD CHIEF

Date