



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

PHILHEALTH REGIONAL OFFICE I
COA
8-20-18
Received By:
Time:

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NATIONAL PRINTING OFFICE
Address: Edsa cor. NPO Rd., Diliman, Quezon City
Tel.Fax No.: (02) 925-2197
Supplier Registered with: 000-769-754 NV

PO No. 18-110
Date: 7/27/2018
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-
Agency-to-Agency

Please deliver to this office within pick-up by client from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	75	pcs	Ledger Card General Form No. 77 xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	2.10	157.50
PR No. 18-0713-0277 PURPOSE: For PRO I use				TOTAL	157.50

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 thier 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: <u> </u> Funds Available in the amount of: <u>157.50</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS Chief <u> </u>
With in the COB: <u> </u>	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Expense Code: <u> </u>	BY THE AUTHORITY OF THE RVP
Bdget: <u> </u>	<u> </u> FOR CHIEF
Remarks: <u> </u>	Date
Confirmed by <u> </u> ENGR. ROLANDO L. CAKAG Acting Chief, Sales & Marketing Division Signature over Printed Name and Position of Authorized Representative	Date: <u>8/13/18</u>

Received from Inla 8/14/18
COX on Travel 8/14 - 17/18
Jes1