PHILHEALTH REGIONAL OFFICE I
COA
8-1-18
Received By: ___
Time: ___

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MITSUI TRADING PHILS. LTD.CO. **PO No.** 18-112
Address: #100 A. Del Mundo St., 7th & 8th Ave., Grace Park Caloocan City **Date:** 7/27/2018
Tel.Fax No.: (02) 310-8000 / 277-7777 / 277-2222 (fax) **Terms of Payment:** Charge
Supplier Registered with: 004-774-219-000 VAT **Mode of Procurement:** Negotiated Procurement-Small Value Procurement

Please deliver to this office within *45-60 days after approval of the prototype* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	pcs	Foldable Umbrella	185.00	185,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	8,258.93	
			EWT (1%/1.12)	1,651.79	9,910.72
			PR No. 18-0705-0266		
			PURPOSE: For PRO 1 ALAGA KA & Corporate activities/events	TOTAL	175,089.28

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,

7-27-18
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 185,000.00 **JOSE A. MONES** Fiscal Controller III **EDWARD Q. ESPIRITU** AO IV / FMS Chief Within the COB: ___ Expense Code: ___ Bdget: ___ Remarks: ___	APPROVED: **ALBERTO C. MANDURIAO** Regional Vice President, PRO1
Conforme: [illegible] Business Development Officer Date 8/1/18 Signature over Printed Name and Position of Authorized Representative	By the Authority of the RVP Josephine [illegible] Guton FCO Chief Date