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

PHILHEALTH REGIONAL OFFICE I
COA
8-1-18
Received By: [signature]
Time:

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE
Address: AB Fernandez Ave., Dagupan City
Tel.Fax No.: 522-2328 / 522-0080
Supplier Registered with: 157-686-860-002 V

~~PO No. 18-115~~
Date: 7/27/2018
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within *1 - 2 weeks* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	bx	CONTINUOUS FORMS 11 X 14-7/8, Carbonless, 3 PLY, PLAIN, 55 gsm, 500 sets/box	958.00	4,790.00
2	10	bx	CONTINUOUS FORMS 11 X 14-7/8, Carbonless, 2 PLY, PLAIN, 55 gsm, 500 sets/box	1,250.00	12,500.00
3	41	bx	FOLDER Pressboard, plain, for legal size papers/documents, 242mm x 369mm, color: cream, green, or maroon, etc., 100s/box	800.00	32,800.00
4	75	pck	PAPER Cartolina, Assorted colors (15 pcs/pack)	64.50	4,837.50
5	6	packet	BATTERY Alkaline, 9 volts	148.00	888.00
6	10	packet	BATTERY Dry Cell, 1.5 volts, Premium/Ultra/Super Alkaline/Alkaline/, size AAA, No Mercury and Cadmium Added, 2 pcs/blister pack	65.00	650.00
7	2	packet	BATTERY Rechargeable AAA, 1000NiMH, 2 pcs/pack	488.00	976.00
8	2	pc	CORK BOARD Wall Mounted, 4 x 3 w/aluminum frame	985.00	1,970.00
9	8	pc	MARKER Metallic, gold small	78.00	624.00
10	10	pc	MARKER Metallic, silver small	78.00	780.00
11	1	pc	SPORTS ITEM Ball, Basketball, standard professional size, red-orange or black in color	1,495.00	1,495.00
12	37	bx	FASTENER Metal, non-corrosive, 70mm between prongs, holds 25mm thick file, 50 sets/box	135.00	4,995.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	67,305.50
			Less: VAT (5%/1.12)	3,004.71	
			EWT (1%/1.12)	600.94	3,605.65
			PR No. 18-0427-0200		
			PURPOSE: For PRO 1 use from the amended APP Batch 2	TOTAL	63,699.85

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,

[signature] 7/31/18
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 67,305.50

[signature]
JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

With in the COB: 2018
Expense Code: [handwritten]
Bdget: [handwritten]
Remarks:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP
JOSEPHINE [illegible] QUITON
FMS CHIEF
Date

Conforme:
[signature]
MARLO D. NOVALES
7/31/18
Date:
Signature over Printed Name and Position of Authorized Representative