



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ROBINSONS HANDYMAN, INC. / HANDYMAN DO IT BEST

PO No. 18-117

Address: 2nd Floor Robinsons Place Brgy. San Miguel Calasiao

Date: 8/1/2018

Tel.Fax No.: 517-4487

Terms of Payment: COD-2days clearing of check

Supplier Registered with: 003-888-229-074 VAT

Mode of Procurement: Shopping

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	pcs	Hardware Supply, Bulb, daylight 15 watts	89.75	897.50
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		40.07
			PR No. 18-0621-0245		
			PURPOSE: Replacement of shattered units for LHIO Ilocos Sur from the amended APP batch 3	TOTAL	857.43

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.

By the authority of the ~~MSD Chief~~

Very truly yours,

EDWARD Q. ESPIRITU

CYNTHIA S. SANTOS

AO IV / ASS Chief

Division Chief IV / MSD Chief

<p>Certified Budget Available: _____ Funds Available in the amount of: <u>\$971.50</u></p> <p><i>Jose A. Mones</i> JOSE A. MONES Fiscal Controller</p> <p><i>Jane C. Ragos</i> JANE C. RAGOS FCM / FMS Chief</p> <p>With in the COB: <u>2018</u></p> <p>Expense Code: <u>5020901001</u></p> <p>Bdget: <u>ASB</u></p> <p>Remarks: _____</p> <p>Conforme: <i>Alberto C. Mando</i> <u>ALBERTO C. MANDURIAO</u></p> <p>_____ Date: <u>06/10/2018</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p><i>Alberto C. Mando</i> ALBERTO C. MANDURIAO Regional Vice President, PRO1</p> <p>_____ Date</p>
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