

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
800	pcs	Business Card		4.00	3,200.00
		xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx			
		Less: VAT (5%/1.12)			142.86
		PR No. 18-0622-0247			
		PURPOSE: xxxxxxxxxxxxxxxxxxxxxxxx			
			TOTAL		3,057.14

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.

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>2400</u> JOSE A. MONES Fiscal Controller III FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conformer: _____ Date: <u>8/23/18</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 _____ Date
--	--

8/23, 24, 28 and 31 / 2018