9:th [illegible] 8/9

PHILHEALTH REGIONAL OFFICE I
COA
8-22-18
Received By: [illegible]
Time:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible]

FORM P 004

PURCHASE ORDER

OFFICE / DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, Quezon City
Tel.Fax No.: (02) 924-2548 / 435-0772 (telefax)
Supplier Registered with: 165-436-365-000 V

PO No. 18-123
Date 8/8/2018
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *30 days upon approval of sample* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,400	pcs	2019 Promotional Wall Calendar	185.00	259,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	11,562.50	
			EWT (1%/1.12)	2,312.50	13,875.00
			PR No. 18-0709-0271		
			PURPOSE: Corporate giveaways/ promotional items for PhilHealth Members/ Employers / Stakeholders / Partners as per CAG Memorandum dated May 11, 2018	TOTAL	245,125.00

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.**

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]
CYNTHIA S. SANTOS 8/8/18
DC IV / MSD CHIEF

Certified Budget Available

JOSE R. MONES
Fiscal Controller

Funds Available in the amount of: 259,000.00

JANE C. RAGOS
FC IV / FMS Chief

Item in the COB: [illegible] ₱ 116,500.00 (HO support) 142,500.00 (PAU)
Expense Code: [illegible]
Budget: PAU
Remarks:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVP, PRO 1
10 AUG 2018

Date

Conforme:

CHRISTIE [illegible]
Date: AUG. 13, 2018

Signature over Printed Name and Position of Authorized Representative