



PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE
COA

8-22-18OMM-A-006

Received By: 98
Time:

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. 18-125
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	1	SET	BATTERY CHARGER For Battery size AA (energizer)	1,488.00	1,488.00
2	1	SET	BATTERY CHARGER For Battery size AAA (energizer)	1,488.00	1,488.00
3	1	PC	CALCULATOR Scientific, 12 digits, dot matrix, pocket size with case, two-way power source (solar and cell), with operating guide	538.00	538.00
4	13	PC	CLIPBOARD For A4 size document	112.00	1,456.00
5	9	PACK	FOLDER Plastic, L Type, for legal size document, 235mm x 346mm (min.), transparent for easy identification of contents, 50 pcs / pack	325.00	2,925.00
6	300	PC	FOLDER Pressboard, plain, for letter size papers/documents	9.50	2,850.00
7	11	PC	MARKER Metallic, gold small (artline)	78.00	858.00
8	13	PC	MARKER Metallic, silver small (artline)	78.00	1,014.00
9	6	PC	NUMBER STAMP Regular, 6-digit	55.00	330.00
10	3	PC	RING BINDER Three (3) Hole Binder, A4, 7 inches capacity w/ plastic lamination, white	202.50	607.50
11	2	PC	STAPLER Long throat, heavy duty, Model: MAX 35L	450.00	900.00

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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.
- 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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: <u> </u> JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>36,149.90</u> JANE C. RAGOS FCTV / FMS Chief	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: <u> </u> Expense Code: <u> </u> Bdget: <u> </u> Remarks: <u> </u>	Conforme: <u> </u> JOSE RUPERTO P. HIPANIA Signature over Printed Name and Position of Authorized Representative	Date: <u>8-22-18</u> Date