



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

PHILHEALTH REGIONAL OFFICE I  
COA  
9-3-18  
Received By: MB  
Time: \_\_\_\_\_  
POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SK HARDWARE & GENERAL MERCHANDISE  
Address: Rizal St., Dagupan City  
Tel.Fax No.: 522-5388 / 522-2559  
Supplier Registered with: 131-149-412-000 V

PO No. 18-133  
Date: 8/22/2018

Terms of Payment: Charge  
Mode of Procurement: Shopping

Please deliver to this office within 2-3 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	set	Hardware Supply Extention Cord, 4 gang, 10 meters	320.00	640.00
2	12	set	Hardware Supply Flourecent Bulb, 40 watts with ballast	255.00	3,060.00
3	60	pcs	Hardware Supply Flourecent Tube, 40 watts	70.00	4,200.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	7,900.00
Less: VAT (5%/1.12)					352.68
PR No. 18-0713-0276				TOTAL	7,547.32
PURPOSE: For PRO 1 use					

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 thier 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>7,000.00</u>	Funds Available in the amount of: <u>7,000.00</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>JANE C. RAGOS</u> FC IV / FMS Chief	<u>ALBERTO C. MANDURIAO</u> Regional Vice President, PRO1
With in the COB: <u>07 2018</u>		BY THE AUTHORITY OF THE RVP, PRO1
Expense Code: <u>020 30 1001</u>		<u>Manicar M. Arzaden, M.D.</u> Medical Officer VII
Budget: <u>7,900.00</u>		
Remarks: <u>VARIOUS COST CENTER</u>		
Conforme: <u>Theresa M. Sevilla</u>	Date: <u>08/31/18</u>	Date: _____
Signature over Printed Name and Position of Authorized Representative		