



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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: JAB'S OFFICE SUPPLIES
Address: 144 Woodcraft St., Bayanihan, Baesa, Caloocan City
Tel.Fax No.: (02) 510-7966
Supplier Registered with: 948-653-022-000 V

PO No. 18-135
Date: 8/22/2018
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	7	cart	Toner Cartridge for HP 64A	7,375.00	51,625.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	2,304.69	
			EWT (1%/1.12)	460.94	2,765.63
			PR No. 18-0720-0283		
			PURPOSE: For PRO I use	TOTAL	48,859.37

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: <u>51,625.00</u>	Funds Available in the amount of: <u>51,625.00</u>	APPROVED:
 JOSE A. MONES Fiscal Controller III	 JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>CY 2018</u>		
Expense Code: <u>1020301007</u>		
Bdget: <u>51,625.00</u>		
Remarks: <u>VARIOUS COST CENTER</u>		
Conforme: <u>ROMMIL VILLASU</u>	<u>AUG 28, 2018</u>	
Signature over Printed Name and Position of Authorized Representative		
		ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1 24 AUG 2018 Maricar M. Arzadon, M.D. Medical Officer VII
		Date

sent thru email: 8/28/18