PHILHEALTH REGIONAL OFFICE I
COA
SEP 10 2018
Received By:
Time: 10

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION / GENERAL SERVICE UNIT

Supplier: MESSAGING SOLUTIONS PROVIDER, INC.
Address: MSPI Place, 1294 Batangas St., Brgy. San Isidro Makati City
Tel.Fax No.: (02) 844-6774 / 844-6612 (T/F)
Supplier Registered with: 233-348-722 V

PO No. 18-148
Date: 9/5/2018
Terms of Payment: COD
Mode of Procurement: Direct Contracting

Please deliver to this office within *pick-up* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pcs	INK CARTRIDGE FOR PITNEY BOWES	7,880.00	15,760.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	15,760.00
			Less: VAT (5%/1.12)	703.57	
			EWT (1%/1.12)	140.71	844.28
			PR No. 18-0822-0312		
			PURPOSE: [illegible]	TOTAL	14,915.72

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.
7. Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified: Budget Available — Funds Available in the amount of: _____

JOSE A. MONES
Fiscal Control [illegible]

JANE C. RAGOS
FC IV / FMS Chief

Source of Fund:
Expense Code:
Budget:
Remarks:

APPROVED:

ALBERTO C. MANGURIAO
Regional Vice President, PRO1

Conforme:

MARIA CORAZON J. MELCHOR — Date: Sept. 10, 2018
Signature over Printed Name and Position of Authorized Representative

Date