

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TWO BROTHERS GROCERY, INC.

PO No. 18-152

Address: Vigan City, Ilocos Sur

Date: 9/7/2018

Tel. Fax No.:

Terms of Payment: Charge

Supplier Registered with: 005-839-776-000 V

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
	5	pcs	Butter Coconut	23.25	116.25
	5	pcs	Nissin Wafer (10g x 20)	38.25	191.75
	5	pcs	Magic Flakes (junior size)	22.85	114.25
	5	pcs	Presto Cream	46.55	232.75
	5	pcs	Rebisco Choco	46.30	231.50
	5	pcs	Skyflakes (plain x 24)	112.40	562.00
	5	pcs	Lemon Square Cupcakes (assorted)	53.00	265.00
	5	pcs	Fudgee Bar (choco)	55.25	276.25
	8	lm	Mentos	34.00	272.00
	6	pcs	Kopiko	29.25	175.50
	6	pcs	Foxs	38.75	232.50
	8	pcs	Maxx	30.25	242.00
	6	pcs	Dynamite	30.25	181.50
	6	pcs	Halls	35.25	211.50
	8	pcs	Brown Sugar (kg)	50.00	400.00
	15	pcs	Creamer (cream all 200g)	33.75	506.25
	10	pcs	Coffee (nescafe 100g)	75.65	756.50
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	4,967.50
			Less: VAT (5%/1.12)		221.76
			PR No. 18-0828-0315		
			PURPOSE: Customer's Delight for LHIO Ilocos Su	TOTAL	4,745.74

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.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: <u> </u> Funds Available in the amount of: <u>4,967.50</u>		APPROVED: <u> </u> <u>11.0. SEP 2018</u> ALBERTO C. MANDURIAO Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u> </u> Expense Code: <u> </u> Bdgct: <u> </u> Remarks: <u> </u>		PHILHEALTH REGIONAL OFFICE COA <u>SEP 24 2018</u> Received By: <u> </u> Time: <u> </u>
Conforms: <u> </u> <u>JOE C. ROSALES</u> Signature over Printed Name and Position of Authorized Representative		
		Date: <u>9/11/18</u>