



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **LIM PAN COMMERCIAL**  
Address: **378 AB Fernandez Ave., Dagupan City**  
Tel.Fax No.: **523-0478**  
Supplier Registered with: **102-278-100-000 V**

PHILHEALTH REGIONAL OFFICE I  
COA POMM-P-006  
9-24-18  
Received By: *[Signature]*  
Time: *[Signature]*  
PO No: **18-159**

Terms of Payment: **Charge**  
Mode of Procurement: **Shopping**

Please deliver to this office within **30-45 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	316	pc	BALLPOINT PEN Fine point, Black	10.50	3,318.00
2	1,310	pc	BALLPOINT PEN Fine point, Blue	10.50	13,755.00
3	70	pc	BALLPOINT PEN Fine point, Red	10.50	735.00
4	3	pc	BINDER EDP BINDER, 11"X14-7/8	116.00	348.00
5	3	pc	BINDER For Computer Continous Paper, 15 x 11-1/2	100.00	300.00
6	499	btl	CORRECTION TAPE Disposable, Dispensing Mechanism: variable clutch, Dispensing System: Single Line Tape, with mechanism for adjustment /rewinding, Color: White Opaque, does not leave shadows on photocopies or fax copies, side applicator allows user to see errors being corrected, 5mm x 6m(min.)	24.00	11,976.00
7	5	pc	INK Self-Inking Stamp Refill, #2300/2360	220.00	1,100.00
8	130	pack	PAPER Vellum, A4, 10 pcs\pack	26.00	3,380.00
9	25	pc	SCISSOR size: 8", big, stainless steel with plastic handle	42.00	1,050.00
10	13	pack	STICK-ON NOTE PAD2"x2", 51mm x 51mm, 400 sheets per pad, assorted colors	80.00	1,040.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>37,002.00</b>
			Less: VAT (5%/1.12)	<b>1,651.88</b>	
			EWT (1%/1.12)	<b>330.38</b>	<b>1,982.26</b>
			PURPOSE: Procurement of supplies for 3rd Quarter 2018	<b>TOTAL</b>	<b>35,019.74</b>

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 - 12:00NN and 1:00PM - 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,

*[Signature]*  
**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available: \_\_\_\_\_ Funds Available in the amount of: 37,002.00

*[Signature]* **JOSE A. MONES**  
Fiscal Controller III

*[Signature]* **JANE C. RAGOS**  
FC IV / FMS Chief

With in the COB: \_\_\_\_\_  
Expense Code: \_\_\_\_\_  
Bdget: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Conforme: \_\_\_\_\_  
*[Signature]* **ALBERTO C. MANDURIAO**  
Date: 09/27/18

Signature over Printed Name and Position of Authorized Representative

APPROVED:

**ALBERTO C. MANDURIAO**  
Regional Vice President, PRO1

*[Signature]*  
**JOSEPHINE Q. QUITON**  
Division Chief