PHILHEALTH REGIONAL OFFICE I
COA
9-20-18
Received By: [illegible]
Time:

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ABACUS BOOK AND CARD CORPORATION
PO No. 18-161
Address: San Miguel, Calasiao, Pangasinan
Date: 9/17/2018
Tel.Fax No.:
Terms of Payment: Charge
Supplier Registered with: 000-299-299-024 V
Mode of Procurement: Shopping

Please deliver to this office within 1 month from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	16	packet	Battery rechargeable, AAA, 2pcs./pack	472.50	7,560.00
2	10	pcs	Marker Permanent Pen, black wide and board, sc-5600	147.00	1,470.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	9,030.00
			Less: VAT (5%/1.12)		403.13
			PR No. 18-0822-0312		
			PURPOSE: For PRO I use from the amended APP Batch 4 w/ PPMP No. 18-10	TOTAL	8,626.87

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 incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or public 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 their 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 - 12:00NN and 1:00PM - 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:

JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of:

JANE C. RAGOS
FC IV / FMS Chief

[illegible] in the DOS:
Expense Code:
Budget:
Remarks:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Conforme:

Carol M. Villacastil
Signature over Printed Name and Position of Authorized Representative
Date: Sept. 19, 2018

JOSEPHINE Q. QUITON
Division Chief