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

POMM 9-005

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ROBINSONS HANDYMAN, INC.
Address: 2nd Floor Robinsons Place Brgy. San Miguel Calasiao
Tel.Fax No.: 517-4487
Supplier Registered with: 003-888-229-074 VAT

PO No. 18-167
Date: 9/26/2018
Terms of Payment: COD-3days clearing of check
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	pcs	Sun Shield Visor	399.75	1,998.75
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		89.23
			PR No. 18-0621-0243		
			PURPOSE: For PRO 1 vehicles use as per amended APP batch 3 and PPMP No. 18-9	TOTAL	1,909.52

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.**

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

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: 1,909.52
JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS
JOSE A. MONES
FISCAL CONTROLLER III

With in the COB:
Expense Code:
Budget:
Remarks:

Conforme:
Signature over Printed Name and Position of Authorized Representative

PHILHEALTH REGIONAL OFFICE I
COA
OCT 03 2018
Received By:
Date:

APPROVED:
ALBERTO C. MANDURIAO
Regional Vice President, PRO1
BY THE AUTHORITY OF THE RVP, PRO 1
Marcial M. Arzadon, M.D.
Medical Officer VII
Date: 27 SEP 2018