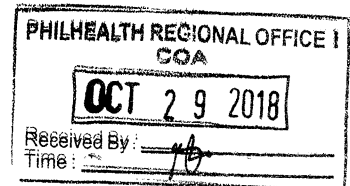




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **OCTOBER PHARMACY & GENERAL MERCHANDISE**
 Address: **Romulo Highway, Poblacion, Bugallon, Pangasinan**
 Tel/Fax No.: **9395827229**
 Supplier Registered with: **438-653-000 NV**

PO No. **18-175**
 Date: **10/15/2018**
 Terms of Payment: **Charge**
 Mode of Procurement: **Shopping**

Please deliver to this office within **7-14 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	MEDICAL SUPPLIES, Hand Sanitizer 60ml	40.00	40.00
2	411	pc	MEDICAL SUPPLIES, Surgical Mask	3.75	1,541.25
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,581.25
			Less: VAT (3%)		47.44
			PR No. 18-0726-0285		
			PURPOSE: Procurement for the 3rd and 4th quarter of CY 2018	TOTAL	1,533.81

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.
- Phi Health 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.

MARIMEL C. BRAVO
 FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1,581.25

JOSE A. MONES
 Fiscal Controller III

JANE C. RAGOS
 FC IV / FMS Chief

Within the COB: 2018
 Expense Code: 60203020
 Budget: Various Cost Center
 Remarks:

Conforme: Manites Dis-AG Date: 10-17-18
 Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1
BY THE AUTHORITY OF THE RVP, PRO 1

JANETTE B. MANAOIS, MI
 SECTION HEAD - BAS
 Date