



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

PURCHASE ORDER

PHILHEALTH REGIONAL COA	
OCT 29 2018	
Received By: <i>[Signature]</i>	PGMM-P-006
Time: _____	

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MANGALDAN PASALUBONG CENTER**

PO No. **18-180**

Address: **Mangaldan, Pangasinan**

Date: **10/23/2018**

Tel./Fax No.: **9301858895**

Terms of Payment: **COD**

Supplier Registered with: **256-657-227-000**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within on or before October 26, 2018 from receipt hereof the following:

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	pcs	Tapa, regular and spicy	155.00	310.00
2	pcs	Batutay and Longanisa	200.00	400.00
2	pcs	Agamang and Bagoong	150.00	300.00
2	pcs	Atsara	75.00	150.00
2	pcs	Bangus	150.00	300.00
2	pcs	Bag	270.00	540.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX			TOTAL	2,000.00
PR No. 18-1015-0392				
PURPOSE: Token for the guest speakers for the conduct of 2018 Legal Forum / Anti-Fraud Awareness on October 25-26, 2018			TOTAL	2,000.00

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.

BY THE AUTHORITY OF THE

[Signature]
MARIMEL C. BRAVO
FISCAL CONTROLLER III

Very truly yours,

[Signature]
CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>2,000.00</u>
JOSE A. MONES Fiscal Controller III	BY THE AUTHORITY OF THE CHIEF, FMS <i>[Signature]</i> JOSE A. MONES FISCAL CONTROLLER III
JANE C. RAGOS FC IV / FMS Chief	
Within the COB:	
Expense Code:	
Budget:	
Remarks:	
Conformer:	
<i>[Signature]</i> EXTA HOUND Date: <u>10-24-18</u>	
Signature over Printed Name and Position of Authorized Representative	

APPROVED:
<i>[Signature]</i> ALBERTO C. MANDURIAO Regional Vice President, PRO1
Date