

OCT 29 2018

Received By: 15
Time: _____

PURCHASE ORDER

Supplier: BEST SHOT PRINTING
Address: 100 Kantak Road, Quezon City
Tel/Fax No: (02) 835-0772 / 924-2548
Supplier Registered with: 165-436-365-000-V

P.O. No: 18-187

Date: 10/24/2018

Terms of Payment: COO
Mode of Procurement: Negotiated Procurement
Small Value Procurement

Please deliver to this office within 30 days upon approval of sample from receipt hereof the following

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
20,000	pcs	Animal Bite Treatment Flyer	0.65	13,000.00
20,000	pcs	TB DOTS Flyer	0.65	13,000.00
		*Size: A' x 8.5"	*Pages: 2 side printing / 1 panel	
		*Process: Offset printing	*Color: Full Color (CMYK)	
		*Paper Stock: Matte # 80		
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX			TOTAL	26,000.00
less: VAT (5%/1.12)			1,160.71	
LWT (1%/1.12)			232.14	1,392.85
P.O. No. 18-0913-0335			TOTAL	24,607.15
PURPOSE: _____			TOTAL	24,607.15

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 rejected items, IMPORTATION DOCUMENTS specifically showing the shipment, 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 "Reterralion 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, private sector, or public entity, whether from the public or private sector, at anytime, near or off the work premises where such gift is given at the expense of office funds or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or from 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 rejected/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made, in cash or "check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days or before the date stipulated in the PO.

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

BY THE AUTHORITY OF THE
CYNTHIA S. SANTOS
Regional Director - PHC, Quezon City

Approved Budget Authority: _____ Fund Allocation: _____

BY THE AUTHORITY OF THE CLERK: _____
JOSE A. MORALES
FISCAL CONTROLLER II

APPROVED: _____
ALBERTO C. BRANCO
Regional Vice President, PHC

DATE: 10/24/2018