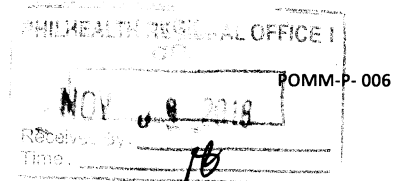




PURCHASE ORDER



OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MB CRUZ SIGN SYSTEMS  
Address: Mayombo District, Dagupan City  
Tel.Fax No.: 522-3615  
Supplier Registered with: 203-401-042-001 V

PO No. 18-189  
Date: 10/29/2018

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

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	lot	ACRYLIC SIGNAGE		75,000.00
			* Height: 92 cm * Length: 301 cm.		
			* Front & Back Panel: 6mm-10mm thick		
			* Corporate Logo: 59.8cm (H), 23.4cm (L), 3mm thick		
			* PhilHealth: 25.61cm (H), 148.17 (L), 3mm thick		
			* Your Partner in Health: 7.94cm (H), 114.12 (L)		
			* PSO location: 5.43cm (H), 78.88cm (L)		
			* Satellite: 16.12cm (H), 73.20cm (L)		
			* Office: 16.12cm (H)		
			Note: Specification is per OO No. 0003-2015		
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	3,348.21	
			EWT (1%/1.12)	669.64	4,017.85
			PR No. 18-0530-0222		
			PURPOSE: Acrylic Signage Build-up for PSO Mangatarem	TOTAL	70,982.15

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 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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 75,000.00

JOSE A. MONES  
Fiscal Controller

JANE C. RAGOS  
FC IV / FMS Chief

With in the COB: 2/18

Expense Code: 1-STEP 10

Bdget: 11-77

Remarks: 11-77

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 11-77

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1

Date