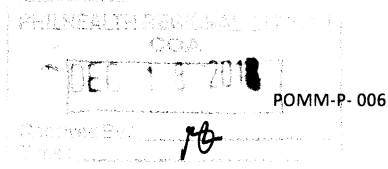




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District, Dagupan City



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LIM PAN COMMERCIAL
 Address: 378 AB Fernandez Ave., Dagupan City
 Tel.Fax No.: 523-0478
 Supplier Registered with: 102-278-100-000 V

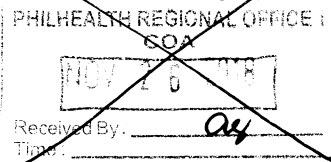
PO No. 18-197
 Date: 11/14/2018
 Terms of Payment: Charge
 Mode of Procurement: Shopping

Please deliver to this office within 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	58	roll	ADHESIVE TAPE Size 2", double sided with foam	150.00	8,700.00
	6	ream	PAPER book paper, short S20	150.00	900.00
	1	box	PAPER CLIP Backfold, 19mm, all metal, clamping length: 19mm(-1mm), clamping depth: 10mm(min.), thickness of metal: 0.20mm(min.), 12 pcs. Per box	18.00	18.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	9,618.00
			Less: VAT (5%/1.12)		429.38
			PR No. 18-0717-0278		
			PURPOSE: For PRO I use from the amended APP batch 5	TOTAL	9,188.62

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

BY THE AUTHORITY OF THE FC III
MERLIE A. DORIA
 FISCAL CLERK IV

Certified Budget Available: _____ Funds Available in the amount of: _____ JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: GIRLIE GAPUZ Date: <u>11/23/18</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 Date: _____
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BY THE AUTHORITY OF THE FC IV
MARIMEL C. BRAVO
 FISCAL CONTROLLER II