



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **ABACUS BOOK & CARD CORPORATION**

PO No. **18-198**

Address: **San Miguel, Calasiao, Pangasinan**

Date: **11/14/2018**

Tel.Fax No.: **517-3058**

Terms of Payment: **Charge**

Supplier Registered with: **000-299-299-000 V**

Mode of Procurement: **Shopping**

Please deliver to this office within **3-4 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	8	roll	ADHESIVE TAPE Size 2", double sided without foam	72.50	580.00
	15	box	PAPER CLIP Backfold, 25mm, (1) all metal, clamping length: 25mm(-1mm), clamping depth: 13mm(min.), thickness of metal: 0.22mm(min.), 12 pcs. per box	18.25	273.75
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	853.75
			Less: VAT (5%/1.12)		38.11
			PR No. 18-0717-0278		
			PURPOSE: For PRO 1 use from the amended APP batch 5	TOTAL	815.64

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.

DEC 05 2018

Received By: *ay*  
Time: \_\_\_\_\_

Very truly yours,

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

BY THE AUTHORITY OF THE FC III  
**MERLIE C. SOPRIA**  
FISCAL CLERK III

Certified Budget Available: _____ Funds Available in the amount of: _____  JOSE A. MONES Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief BY THE AUTHORITY OF THE <u>FC IV</u> <b>MARIMEL C. BRAVO</b> FISCAL CONTROLLER II With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>Mewang T. Dina</u> Date: <u>12-05-18</u>		APPROVED:   <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1  Date: _____
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