



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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **ROBINSONS HANDYMAN, INC.**  
Address: **2nd Level Robinsons Place Calasiao, Pangasinan**  
Tel.Fax No.:  
Supplier Registered with: **003-888-229-038 VAT**

PO No. **18-208**  
Date: **11/22/2018**  
Terms of Payment: **COD-3 days clearing of check**  
Mode of Procurement: **Shopping**

Please deliver to this office within **2-3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	105	pcs	Moudings Flat 1 inch	82.50	8,662.50
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	8,662.50
			Less: VAT (5%/1.12)		386.72
			PR No. 18-0312-0148		
			PURPOSE: For PRO 1 use from the amended APP batch 3	TOTAL - NET	8,275.78

Terms & Conditions:

1. 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.**
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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**.
6. Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

By the authority of the PC III

**MARIMEL C. BRAVO**  
FISCAL CONTROLLER III

By the authority of the MSD Chief

**EDWARD Q. ESPIRITU**  
AO IV / ASS Chief

Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>8,662.50</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	 Cynthia S. Santos Division Chief IV CIC - ORVP, PRO1
JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>8/11/2018</u>	
Expense Code: <u>81000000</u>	
Bdget: <u>8,662.50</u>	
Remarks: <u>Under contract</u>	
Conforme:	
<u>MARY ROSE C. PAPER</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>12-05-18</u>
	Date