

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ACE HARDWARE PHILIPPINES, INC.
Address: City Mall, Mayombo District, Dagupan City
Tel.Fax No.: 09985922328 / 09178523867
Supplier Registered with: 200-035-311-154 V

PO No. 18-227
Date: 12/3/2018

Terms of Payment: COD - 3days clearing of check
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within *1-2 weeks* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pcs	Safety Helmet	134.75	1,347.50
	146	pcs	Whistle	34.75	5,073.50
	1	pcs	Tool Box	1,749.75	1,749.75
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	8,170.75
			Less: VAT (5%/1.12)		364.77
			PR No. 18-1109-0405		
			PURPOSE: For RDCC use	TOTAL - NET	7,805.98

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 FCIM

MARIMEL C. BRAVO
FISCAL CONTROLLER

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV-7 MSD Chief

Certified Budget Available: Funds Available in the amount of: 8,170.75

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

~~ALBERTO C. MANDURIAO~~

Regional Vice President, PRO1

Date _____