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PHILHEALTH REGIONAL OFFICE I  
COA  
JAN 03 2019  
Received By: MB  
Time: \_\_\_\_\_



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: JAB'S OFFICE SUPPLIES  
Address: 114 Woodcraft St., Bayanihan, Baesa, Caloocan City  
Tel.Fax No.: (02) 512-5520  
Supplier Registered with: 948-653-022-000 V

PO No. 18-237  
Date: 12/8/2018

Terms of Payment: Charge  
Mode of Procurement: Shopping

Please deliver to this office within 5 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	19	cart	Toner Cartridge HP CF237A (HP37A), Black for HP Printer M607/M608/M609//MFP M631/MFP M632, MFP M633)	9,680.00	183,920.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	183,920.00
			Less: VAT (5%/1.12)	8,210.71	
			EWT (1%/1.12)	1,642.14	9,852.85
			PR No. 18-1106-0399		
			PURPOSE: For PRO 1 use	TOTAL - NET	174,067.15

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 to 3:00PM on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE FC III

MARIMEL C. BRAVO  
FISCAL CONTROLLER III

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 183,920.00  
BY THE AUTHORITY OF THE CHIEF, FMS  
JOSE A. MONES  
Fiscal Controller III  
JANE C. RAGOS  
FC IV / FMS Chief  
JOSE A. MONES  
FISCAL CONTROLLER III

With in the COB: 208  
Expense Code: 502030/002  
Bdget: 183,920.00  
Remarks: Various Cont Center

Conforme: CYRIL MARIMADO  
Date: 12/28/18

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President, PRO1