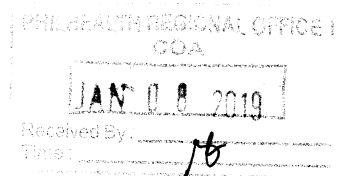




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **PUREGOLD PRICE CLUB, INC.**

PO No. **18-249**

Address: **Mayombo District, Dagupan City**

Date: **12/20/2018**

Tel.Fax No.: **529-6958 / 0922-343-3312**

Terms of Payment: **Charge**

Supplier Registered with: **201-277-095-001 V**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **on or before January 31, 2018** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	261	pcs	Corporate Giveaways - Gift Certificate (with freebies, 5pcs Umbrella)	500.00	130,500.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	130,500.00
			Less: EWT (1%)		1,305.00
			PR No. 18-1211-0437		
			PURPOSE: For Regular and Casual Employees	TOTAL - NET	129,195.00

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
MARIMEL C. BRAGA
 FISCAL CONTROLLER

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

AO IV / ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ JINNY LARON I Signature over Printed Name and Position of Authorized Representative	Funds Available in the amount of: <u>130,500.00</u> JANE C. RAGOS FC IV / FMS Chief Date: <u>12/28/18</u>	APPROVED: MARICAR M. ARZADON, M.D. MO VII / OIC-ORVP Date: _____
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