



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

PHILHEALTH REGIONAL OFFICE I
 COA
JAN 03 2019
 Received By: *rb*
 Time: _____

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: 003-888-229-074 VAT

PO No. 18-251 *Wally*
 Date: 12/20/2018
 Terms of Payment: COD-3 days clearing of check
 Mode of Procurement: Shopping

Please deliver to this office within pick-up anytime from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	8	sets	HARDWARE SUPPLY Padlock, Heavy Duty	250.00	2,000.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	2,000.00
			Less: VAT (5%/1.12)		89.29
			PR No. 18-0222-0126		
			PURPOSE: For PRO 1 use	TOTAL - NET	1,910.71

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.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>2,000.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FE IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforms to: _____ Signature over Printed Name and Position of Authorized Representative <i>John H. Polillo</i> JOHN H. POLILLO Date: <u>DEC 28, 2018</u>	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE RVP, PRO 1 <i>Marlene D. Solira</i> MARLENE D. SOLIRA, M.D. MEDICAL SPECIALIST IV Date: _____
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