Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

City Commercial Bldg., [illegible] Quezon City

FOMM-F 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION (GENERAL SERVICES UNIT)

Supplier: NATIONAL PRINTING OFFICE
Address: Quezon City
Tel.Fax No.: (02) 925-2197
Supplier Registered with: 000-769-754 NV

PO No. 18-27
Date: 4/10/2018
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Agency-to-Agency

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pcs	Leave Card 8.5 x 11, tagboard no. 14	3.50	350.00
	25	pcs	Ledger Card General Form No. 77	2.10	52.50
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	402.50
			PR No. 18-0219-0118		
			PURPOSE: For HRU & FMS use	TOTAL	402.50

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, (end) 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 juridical 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 to 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.

Very truly yours,

MARICAR M. ARZADON, M.D.
MO V / MSD Chief

Certified Budget Available: Funds Available in the amount of: 402.50

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

PHILHEALTH REGIONAL OFFICE
COA
4-24-18
Received By:
Time:

Within the COB
Expense Code:
Budget:
Remarks:

Conforme:

Date

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSE
REGIONAL VICE PRESIDENT

Date