



POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ABACUS BOOK & CARD CORPORATION.

PO No. 18-29

Address: CSI The City Mall, Dagupan City

Date: 4/10/2018

Tel.Fax No.: 522-7772

Terms of Payment: Charge

Supplier Registered with: 000-299-299-000 V

Mode of Procurement: Shopping

Please deliver to this office within 1 1/2 months from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	178	pc	FOLDER Plastic, with side fastener and transparent cover, A4	14.75	2,625.50
2	53	pck	POST-IT FLAG small flags (eartag)	32.50	1,722.50
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	4,348.00
			Less: VAT (5%/1.12)		194.11
			PR No. 18-0226-0137		
			PURPOSE: Procurement of First Quarter Supplies for CY 2018	TOTAL	4,153.89

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.

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 1,348.00

JOSE A. MONES

EDWARD Q. ESPIRITU

Fiscal Controller II

OIC-FMS Head

With in the COB:

Expense Code:

Bdget:

Remarks:

PHILHEALTH REGIONAL OFFICE
COA

4-18-18

Received By:

Time :

APPROVED:

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

Conforme:

Signature over Printed Name and Position of Authorized Representative