

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **GAKKEN (PHILIPPINES), INC. - PANGASINAN BRANCH**

PO No. 18-2

Address: **Unit 1 DCU Bldg. Arellano-Bani Pantar**

Date: **2/23/2018**

Tel/Fax No.: **522-3228 / 540-2056**

Terms of Payment: **Charge**

Supplier Registered with: **004-475-204-004 V**

Mode of Procurement: **Direct Contracting**

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	ca	INK for Duplo Machine, L-520, Ink DC-14 (600ml) black	816.20	2,448.60
	38	ca	INK for Duplo Machine, S14K	816.20	31,015.60
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>33,464.20</b>
			Less: VAT (5%/1.12)	<b>1,493.94</b>	
			EWI (1%/1.12)	<b>298.79</b>	<b>1,792.73</b>
			PR No. 18-0207-0091		
			PURPOSE: Procurement of 1st quarter supplies for CY 2018	<b>TOTAL</b>	<b>31,671.47</b>

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 their 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,

MARICAR M. ARZADON, M.D.  
MSO VII / MSO CHIEF

By the AUTHORITY of the PO

MARICAR M. ARZADON

Certified Budget Available: Funds Available in the amount of: **33,464.20**

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / FMS CHIEF

With in the COB:  
Expense Code:  
Budget:  
Remarks:

Conformer:

JANU WEGNE M. GARCIA ADMIN ASSISTANT  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

Date

PHILHEALTH REGIONAL OFFICE I  
COA

3-6-18

Received By:                       
Time: