

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **GAKKEN (PHILIPPINES), INC. - PANGASINAN BRANCH**
 Address: **Unit 1 DCU Bldg. Arellano-Bani Pantal**
 Tel. Fax No.: **522-3228 / 540-2056**
 Supplier Registered with: **004-475-204-004 V**

PO No. **18-2**
 Date: **2/23/2018**

Terms of Payment: **Charge**
 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, 514K	816.20	31,015.60
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX				TOTAL	33,464.20
Less: VAT (5%/1.12)				1,493.94	
EWT (1%/1.12)				298.79	1,792.73
PR No. 18-0207-0091					
PURPOSE: Procurement of 1st quarter supplies for QY 2018				TOTAL	31,671.47

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. AZADON, M.D.
 MSO VII / MSO CHIEF

By the Authority of the PO

Certified Budget Available: Funds Available in the amount of: <u>33,464.20</u>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	<i>big the authority of Maritas, out</i> JOSE A. MONES Fiscal Controller III
With in the COB: Expense Code: Budget: Remarks:	<i>272.18</i>	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSEE REGIONAL VICE PRESIDENT
Conforme: JANU WEGNE M. GARCIA ADMIN ASSISTANT Signature over Printed Name and Position of Authorized Representative	<i>3-6-18</i>	Date

PHILHEALTH REGIONAL OFFICE I
COA
3-6-18
 Received By: _____
 Time: _____