Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commercial Bldg., [illegible] Dagupan City

PGMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KILUSAN NG MGA KABABAIHAN TUNGO SA KAUNLARAN MULTI-PURPOSE COOPERATIVE
Address: Alaminos City, Pangasinan
Tel.Fax No.:
Supplier Registered with: 006-078-184-000 NV

PO No. 18-33
Date: 4/13/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within April 21 - September 7, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5,300	pax	Snacks	20.00	106,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	
			Less: VAT (3%)	3,180.00	4,240.00
			EWT (1%)	1,060.00	
			PR No. 18-0403-0174		
			PURPOSE: Conduct of A-AGA KA Activity in the 1st and 2nd District of Pangasinan for [illegible] Western Pangasinan	TOTAL	101,760.00

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 incorporated 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 their 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 on which 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 within three (3) calendar days.
6. Deliveries should be made within 8:00AM to 1:00PM on working days on or before the date stipulated in the PO.

BUDGET ALLOCATION

T 8 0 4 0 1 2 8

Very truly yours,

MARICAR M. ARZADON, M.D.
[illegible] / VSD CHIEF

Certified Budget Available	Funds available in the amount of: [illegible]	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AD IV / FMS CHIEF	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSE REGIONAL VICE PRESIDENT
WFP / Line/ACCT Expense Code: Target: Remarks:	2018 [illegible]	

PHILHEALTH REGIONAL OFFICE I
COA
4-17-18
Received By: [illegible]
Time:

Conforme:

Jemma M [illegible]
Signature over Printed Name and Position of Authorized Representative

Date: 4/18/2018

Date: