

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(NU, Commercial Bldg., Francisco Duque St., Tañon District Dagupan City)

POMM-P-003

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: TWO BROTHERS GROCERY, INC. / ANTONIO U. LIQUETE

PO No. 18-34

Address: Quezon Avenue, Vigan City

Date: 4/13/2018

Tel./Fax No.:

Terms of Payment: Charge

Supplier Registered with: 005-839-776-000 V

Mode of Procurement: Negotiated Procurement

Small Value Procurement

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	packs	Assorted Candies	30.20	906.00
	15	packs	Hanzel	44.10	661.50
	10	packs	Magic Flakes	42.40	424.00
	15	packs	Coffee	38.10	571.50
	15	packs	Coffeemate Creamer	80.20	1,203.00
	10	kilos	Brown Sugar	42.50	425.00
	25	packs	Disposable Cup for Coffee	34.00	850.00
	20	packs	Disposable Cup for Water	29.25	585.00
	300	pcs	Stirrer	0.24	72.60
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	5,698.60
Less: VAT (5%/1.12)					254.40
PR No. 18-0404-0175					
PURPOSE: Customer's Delight for LHO Ilocos Sur				TOTAL	5,444.20

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 to 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.

BUDGET ALLOCATION

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.
MOH / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 5,444.20	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITO, Jr. AO IV / FMS CHIEF
With in the COB: 0018	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA, CSE REGIONAL VICE PRESIDENT
Expense Code: 572 999 000	
Bdget: 5 444	
Remarks:	
Conforme: J. C. ROSALES Signature over Printed Name and Position of Authorized Representative	Date: 4-18-18