PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

OFFICE OF THE REGIONAL ADMINISTRATIVE SECTION, LUZON DEVELOPMENT

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, QUEZON CITY
Tel.Fax No.: (02) 435-0772 / 924-2548
Supplier Registered with: 165-436-365-000 V

PO No: 18-45
Date: 4/25/2018
Terms of Payment: COD
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
	1,241,300	pcs	Member's ID	0.24	297,912.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxx		
			Less: VAT (5%/1.12)	13,272.64	
			EWT (1%/1.12)	2,659.93	15,932.57
			PR No. 18-0228-0140 /18-0103-0052 / 18-0103-0014 / 18-0115-0160 / 18-0103-0062 / 18-0222-0129		
			PURPOSE: For PRO Use	TOTAL	281,952.43

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 the charges thereof shall 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 hereby incorporate 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 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 not conforming to 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,

By the authority of the MSD Chief:

JANE C. RAGOS
AO IV / ASS Chief

MARICAR M. ARZADON, M.D.
MSD Chief

BUDGET ALLOCATION NO. [illegible]

Certified Budget Available: Funds Available in the amount of 297,912.00

MARIMEL C. BRAVO
BUDGET OFFICER II

JOSE A. MORES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS Chief

PHILHEALTH REGIONAL OFFICE I
COA
5-7-18
Received By:
Time:

APPROVED

MARICAR M. ARZADON
MSD IV / MSD Chief
OIC Assistant Vice President

with in the CDF
Expense Code
Region
Remarks

Conforme:

CHARLITA BERE
Date: 5/4/2018

Signature over Printed Name and Position of Authorized Representative