

PHILHEALTH REGIONAL OFFICE I  
COA  
5-17-18  
Received By: 18  
Time: 18

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARC'S ID HAUZ  
Address: 89 F Don Manuel Agregado St., Quezon City  
Tel. Fax No.: (02) 741-3278 / 09178985580  
Supplier Registered with: 900-941-912-009 V

PO No. 18-49  
Date: 4/30/2018  
Terms of Payment: COD  
Mode of Procurement: Shopping

Please deliver to this office within 15 days pick-up by client from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Re-transfer Film for ID Card Printer, CY3RA-100DN, 1000cards	15,000.00	15,000.00
2	1	pc	Ribbon for ID Card Printer, YMCK Printing Ribbon	24,000.00	24,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	39,000.00
			Less: VAT (5%/1.12)	1,741.07	
			EWT (1%/1.12)	348.21	2,089.28
			PR No. 18-0312-0148		
			PURPOSE: Procurement of First Quarter Supplies for CY 2018	TOTAL	36,910.72

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 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 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 non-compliant as 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.

By the authority of the MSD Chief

Very truly yours,

SALLY S. GOMEZ  
SIO III / GSU HEAD

MARICAR M. ARZADON, M.D.  
MO VII / MSD CHIEF

Certified Budget Available: <u>90,000.00</u> Funds Available in the amount of: <u>90,000.00</u> <u>JOSE A. MONES</u> Fiscal Controller III <u>EDWARD Q. ESPIRITU</u> AO IV / FMS CHIEF With in the COB: <u>10/18</u> Expense Code: <u>100-451</u> Budget: <u>100-451</u> Remarks: <u>100-451</u>	APPROVED: <u>MARICAR M. ARZADON</u> MO VII / MSD CHIEF OIC-Regional Vice President <u>MAY 14, 2018</u> Date
Conforme: <u>JONATHAN ONG</u> Signature over Printed Name and Position of Authorized Representative Date:	