PHILHEALTH REGIONAL OFFICE
COA
5-10-18
Received By: [signature]
Time:

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible] Commercial Bldg., Francisco Cuison St., Tapuac District Dagupan City

PDMM-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. 18-52
Date: 5/2/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	100	pc	Softdrinks	15.00	1,500.00
	150	pck	Crackers	7.00	1,050.00
	150	pc	Coffee	10.00	1,500.00
	150	pc	Juice	10.00	1,500.00
	30	pck	Candles	45.00	1,350.00
	10	pck	Coffee Cup	60.00	600.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	7,500.00
			Less: VAT (3%)		225.00
			PR No. 18-0103-0075		
			PURPOSE: Customer's Delight for LHIO Western Pangasinan	TOTAL	7,275.00

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 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.
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.

1805094

By the authority of the MSD Chief

JANE C. RAGOS
FC IV / ASS CHIEF

Very truly yours,

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

Certified Budget Available

Funds Available in the amount of: [illegible]

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
AC IV / FMS CHIEF

With in the COD:
Expense Code:
Budget:
Remarks:

Conforme:

[signature] Date: 5/9/018
Signature over Printed Name and Position of Authorized Representative

APPROVED:

MARICAR M. ARZADON
MO VII / MSD CHIEF
OIC-Regional Vice President

Date