

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: PUREGOLD PRICE CLUB, INC.

PO No. 18-58

Address: Brgy. 14 Nolasco St., Laoag City

Date: 5/3/2018

Tel.Fax No.:

Terms of Payment: COD

Supplier Registered with: 201-277-095-109 V

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within pick-up from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	70	packs	Assorted Candies 50s	30.50	2,135.00
2	12	packs	Coffee 36s 3in1	178.00	2,136.00
3	18	packs	Milo 12s	68.75	1,237.50
4	100	packs	Assorted Biscuits 10s	46.10	4,610.00
5	20	packs	Disposable Cups 50s	69.75	1,395.00
6	6	packs	Folded Table Napkins 350s	81.09	486.54
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	12,000.04
			Less: VAT (5%/1.12)	535.72	
			EWT (1%/1.12)	107.14	642.86
			PR No. 18-0103-0063		
			PURPOSE: Customer Delivered for delivery of goods to the office	TOTAL	11,357.18

1. The contractor shall be liable for the payment of 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.
5. 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,

GET ALLOCATION NO.

18050072

JANE C. RAGOS
PC IV / ASS CHIEF

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Confirmed Budget Available: <u>12,000.04</u> Funds Available in the account of: <u>12,000.04</u>		PHILHEALTH REGIONAL OFFICE COA <u>5-8-18</u> Received By: <u>RA</u> Time: <u>10</u>	APPROVED: <u>ALBERT C. MANDURIA</u> Regional Vice President, PRO I
JOSE A. MONES Fiscal Controller III With in the COB: <u>2018</u> Expense Code: <u>5029901002</u> Budget: <u>IN LAID</u> Remarks:	EDWARD Q. ESPIRITU AO IV / FMS CHIEF		
Conforms: <u>DATE DELA ROSA</u> <u>5/8/18</u> Signature over Printed Name and Position of Authorized Representative		Date:	