



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LIMPAN COMMERCIAL
Address: 378 AB Fernandez Ave., Dagupan City
Tel.Fax No.: 522-2056
Supplier Registered with: 102-278-100-000 V

PO No. 18-64
Date: 5/9/2018
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	225	bx	Continuous Form 11x10 5/8, 2 ply, plain 56gsm with side perforation	1,200.00	270,000.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	12,053.57	
			EWT (1%/1.12)	2,410.71	14,464.28
			PR No. 18-0412-0181		
			PURPOSE: For BAS use from the amended APP Batch 2		
			TOTAL		255,535.72

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 thier 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 as 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.
- Deliveries should be made within 8 business days from receipt hereof on or before the date stipulated in the PO.

AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER III

PhilHealth Regional Office
COA
5-16-18
Received By: ay
Time: ay

By the authority of the MSD Chief

Very truly yours,

MARIA CITADEL G. ARZADON

MARICAR M. ARZADON, M.D.

SSIO / HRU Chief

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 270,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

With in the COB: ay

Expense Code: ay

Bdget: ay

Remarks: ay

Conforme: ay

GIRLIE GAPUZ

Date: 5/15/18

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Date