



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

PHILHEALTH REGIONAL OFFICE I
COA

5-18-18

Received By: RA
Time: _____

PQMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CJ FERNANDEZ ENTERPRISES, INC.
Address: Purok 006, Lucao District, Dagupan City
Tel.Fax No.: 633-8298
Supplier Registered with: 000-279-453 V

PO No. 18-67
Date: 5/15/2018

Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 1 month from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	pc		AUTO SUPPLY, BATTERY for Motor Vehicle, 3SMF, 12V xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	5,550.00	5,550.00
			Less: VAT (5%/1.12)		247.77
			PR No. 18-0220-0119		
			PURPOSE: For ASS use		
			TOTAL		5,302.23

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 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

BY AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL COA-20-000

By the authority of the MSD Chief

Very truly yours,

JANE C. RAGOS
FC IV / ASS CHIEF

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

Certified Budget Available: Funds Available in the amount of: 5,550.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

With in the COB: _____

Expense Code: _____

Bdget: _____

Remarks: _____

Conforme: _____

Signature over Printed Name and Position of Authorized Representative

Date: 5-17-18

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

BY THE AUTHORITY OF THE RUP
ATTY. MC DONALD B. MALICDE
ATTORNEY IV

Date: 5/16/18