



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

PHILHEALTH REGIONAL OFFICE
COA
6-4-18
Received By: RB
Time: _____

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: GILBERT CAR AIRCON REPAIR SHOP
Address: Carangalaan District, Dagupan City
Tel.Fax No.: 9432962302
Supplier Registered with: 289-296-447-000 NV

PO No. 18-69
Date: 5/17/2018
Terms of Payment: Charge
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	set	Auto Supply Tint for Toyota Innova	7,370.00	7,370.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)		221.10
			PR No. 18-0220-0119		
			PURPOSE: For ASS use		
			TOTAL		7,148.90

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
MARIMEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief
JANE C. FAGOS
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: <u>7,370.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / FMS CHIEF	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB: <u>5/17/18</u>	BY THE AUTHORITY OF THE CHIEF, FMS JOSE A. MONES FISCAL CONTROLLER III	By the authority of the RVP ATTY. MC DONALD B. MALICDEM Attorney IV / LSO Chief
Expense Code: <u>2000000000</u>		
Bdget: <u>7,370.00</u>		
Remarks: <u>Auto Supply Tint for Toyota Innova</u>		
Conforme: <u>5/17/18</u>		
Signature over Printed Name and Position of Authorized Representative	Date: <u>05-25-18</u>	Date