

Received By:
Time:

POMM-P-006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1NU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: GAKKEN (Philippines) INC.
Address: Unit 1 DCU Bldg., Arellano-Bani St., Brgy. Pantal, Dagupan City
Tel.Fax No.: 522-3228 / 540-2056
Supplier Registered with: 004-475-204-004 V

PO No. 18-72

Date: 5/21/2018

Terms of Payment: Charge

Mode of Procurement: Direct Contracting

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

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|--|-----|------|--|------------|--------------|
| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
| 1 | 42 | ca | INK for DUPLO Machine L-520, Ink DC-14 (600ml) black | 816.20 | 34,280.40 |
| 2 | 38 | ca | INK for Duplo Machine, 514K | 816.20 | 31,015.60 |
| | | | xx | TOTAL | 65,296.00 |
| | | | Less: VAT (5%/1.12) | 2,915.00 | |
| | | | EWT (1%/1.12) | 583.00 | 3,498.00 |
| | | | PR No. 18-0502-0206 | | |
| | | | PURPOSE: For PRO 1 use from the amended APP batch 2 | TOTAL | 61,798.00 |

Terms & Conditions:

- 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 entry, 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 MSD Chief

Very truly yours,

MARIA CITADEL G. ARZADON

SSIC / HRU HEAD 2

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: 65,240.00

LOSE A MONET

EDWARD Q. ESPIRITU *peru*
AO IV / FMS CHIEF

With in the COB:

Expense Code:

Budget:

Remarks:

Confirme:

Jacqueline A. Garza Date: _____
Signature over Printed Name and Position of Authorized Representative

Date:

J-23-48

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

By the authority of the RVP

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

Date _____