



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(NU, Commercial Bldg., Francisco Duque St., Tapuec District, Dagupan City)

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: PRINTWISE COMPUTER
Address: 84 Prado Bldg., Arellano Bani, Dagupan City
Tel./Fax No.: 523-0478/7399/5677/653-3254
Supplier Registered with: 928-160-771-000 V

PO No. 18-82
Date: 6/13/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	bx	Pre-printed Certificate for Membership Registration XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	3,500.00	10,500.00
			Less: VAT (5%/1.12)	468.75	
			EWT (1%/1.12)	93.75	562.50
			PR No. 18-0222-0127		
			PURPOSE: For Membership Unit and LHOs Central and Western Pangasinan		
			TOTAL		9,937.50

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 their 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 workdays.

PHILHEALTH REGIONAL OFFICE I
COA
6-25-18
Received By:
Time:

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 10,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / FMS CHIEF

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 6/25/18

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

By THE AUTHORITY OF RVP. PRO1

Manager M. Arzadon, M.D.
Medical Officer VII

Date: 6/18/18