

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 637-3158 637-4735  
**PURCHASE ORDER**

Supplier: MESSAGING SOLUTIONS PROVIDER, INC. Purchase Order No.: 07-054-19  
 Address: MSPi Place, 1294 Batangas St. Makati City Date: July 9, 2019  
 Tel. Fax No.: 844-6774 844-6617 Term of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Direct Contracting

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

| NO.                                | QTY | UNIT | ITEM DESCRIPTION   | UNIT PRICE | TOTAL AMOUNT    |
|------------------------------------|-----|------|--|------------|-----------------|
| 1                                  | 4   | UNIT | DOUBLE ADHESIVE TAPE FOR PITNEY BOWES 200PCS/PACK (Part No. LS102) | 1,343.00   | 5,372.00        |
| 2                                  | 1   | UNIT | INK WASTE PAD 625-0  | 1,036.00   | 1,036.00        |
| **** nothing follows ****          |     |      |  |            | 6,408.00        |
| LESS: EWT 1% 57.21 -               |     |      |  |            |                 |
| GMP 5% 286.07 -                    |     |      |  |            | 343.28          |
|                                    |     |      |  |            | <b>6,064.72</b> |
| PR #<br>19-0296 dtd. 07-03-19 PRID |     |      |  |            |                 |

**Terms & Conditions:**

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged have been received by a representative either through fax or e-mail.
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept directly or indirectly, any gift from any person, group or association, or juridical 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 which 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.
- Warranty Security of 1% of gross amount (Section 62. Warranty of 2016 Revised IRR of RA 9184).

07-190

Very truly yours,

*Joseph O. Vergara*  
 JOSEPH O. VERGARA  
 Head, SBAC

|  |  |             |  |
|--|--|-------------|--|
| Certified Budget Available:  | Funds Available in the amount of:  | Php6,408.00 | APPROVED:  |
| <i>Therese M. Tindoy</i><br>THERESE M. TINDOY<br>Fiscal Controller III | <i>Lilia Garrido</i><br>LILIA GARRIDO<br>Fiscal Controller III   |             | <i>Ruben John A. Basa</i><br>RUBEN JOHN A. BASA<br>Chief Operating Officer - COO<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB: <u>2019</u>  | Expense Code: <u>5050201001 50502010</u>   |             |  |
| Budget: <u>674,008.00</u>  | Remarks: <u>CHRG COO TO PSAD 7/9/19</u>  |             |  |
| CONFORME:  | <i>Maria Corazon Z. Melchor</i><br>Maria Corazon Z. Melchor<br>Manager, Finance & Admin<br>Signature over Printed Name and Position of authorized representative |             | Received copy of P.O.:<br><u>July 12, 2019</u><br>Date   |