

CONFORME: *[Signature]*
 Signature over Printed Name and Position of authorized representative
 Received copy of P.O. *[Signature]* Date: *8/2/19*

Within the COB: *None*
 Expense Code: *5020000 / 500000*
 Budget: *24902-00*
 Remarks: *Overhead to Inv. Invoice 400*

Approved: *[Signature]* FISCAL CONTROLLER III
 APPROVED: *[Signature]* FISCAL CONTROLLER III
 Funds Available in the amount of: *Php24,902.00*

Very truly yours,
 JOSEPH O. VERRARA
 Head, SBAC

Terms & Conditions:
 1. 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 delay as liquidated damages.
 2. 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.
 3. 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 08:00 to 11:30 a.m. and 1:00 to 3:00 p.m. during Monday/Friday (MWF). All item(s) shall be delivered and accepted by the PSAAD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
 5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
 6. The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Prohibition of Faith with 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 judicial entity, whether from the public or private sector, or a tycoon, 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.
 7. In all cases, the request for extension should be submitted before the lapse of the original delivery date. The maximum allowable extension shall not be longer than the initial delivery period as stated in the original contract.

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	400	pc	TAPE, PACKAGING	25.00	10,000.00
2	60	pc	MOUSE PAD	150.00	9,000.00
3	26	pc	POSTER TAG, Small Tags (Sign here), 1 x 17	147.00	3,822.00
				LESS:	
				EWT	222.24
				SK	1,111.70
				GMP	1,037.04
					23,667.16
					24,902.00

Supplier: **MOJANJO ENTERPRISES**
 Address: 1128 Escoda St., Paco, Manila
 Tel/Fax No.: 599-6171

Supplier Registered with: **PHILHEALTH**

Purchase Order No.: **07-061-19**
 Date: July 25, 2019
 Term of Payment: On account
 Made of Procurement: Small Value Procurement

Please deliver to this office within **10 working days** from receipt hereof the following:

REPUBLIC OF THE PHILIPPINES
 Philippine Health Insurance Corporation
 709 Citystate Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telephone No. 637-3158 637-4735