## 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:	CENTER POIN	T SALES &	TRADING, INC.	Purchase Order No.:	10-087-19 October 22, 2019	
Address:		or. Camba St., G	arden City Condominium, Bino	ndo, Manita Date:		
Tel.Fax No.:	242-4245		Term of Payment:	On Account		
Supplier Registered with PHILHEALTH			ALTH	Mode of Procurement:	Shopping	
Please d	eliver to this office	e within	20 working days	from receipt he	reaf the following	

from receipt hereof the following

20 working days

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,076		BALLPOINT PEN, Fine Point, Black	19.90	21,412.40
2	1,148		BALLPOINT PEN, Fine Point, Blue	19.90	22,845.20
3	225		BALLPOINT PEN, Fine Point, Red	19.90	4,477.50
4	5		BALLPOINT PEN, Fine Point, Green	19.90	99.50
5	11	_	BALLPOINT PEN, Fine Point, Violet	19.90	218.90
6	7		SIGN PEN, 0.5, Green, gel type	20.00	140.00
7	78		SIGN PEN, 0.7, Black, gel type	20.00	1,560.00
8	188		SIGN PEN, 0.7, Blue, gel type	20.00	3,760.00
9	7		SIGN PEN, 0.7, Pink, gel type	20.00	140.00
10	7		SIGN PEN, 0.7, Red, gel type	20.00	140.00
11	7		SIGN PEN, 0.7, Red, liquid gel ink	79.25	554.75
			*		55,348.25
	li		LESS: EWT 1% 494.18		,
	ļ		GMP 5% 2,470.90		2,965.08
	i		. •		52,383.17
!			PR#		
i			19-0381 dtd. 08-19-19 PRID		
				1	

## 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 the 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 acknowledg have been received by a representative either through fax or e-mail
  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 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.

  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. With provision for a back-up unit in case of repair:
- 6. 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.

  7. In all cases, the request for extension should be submitted before tha 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.

Very truly yours, JOSEPH O. VERGARA 10-551

Certified Budget Available:	Funds Available in the amount of:	Php55,348.25	APPROVED:
THEMESE M. S		GARRIDO Il Controller III	
	/		DENNIS S. MAS, PhD URP
Within the COB: 2019 Expense Code: 50202000 Budget: 755 30 Rympiks: Chancur 10	8,25		Acting EVP & COO, Concurrent SVP-MSS HEAD OF THE AGENCY or Authorized Representative
CONCOUNT			
CONFORME:  Signature	over Printed Name and Position representative	of authorized	Received copy of P.O.: