

FEB 21 2019

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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 1ND, Corrientes St Bldg., Pro-Noron Bldg. 10, Tandang Sora Dist. Quezon City

POMM-F-0005

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **GEETA COMMERCIAL AND GENERAL MERCHANDISE**

PO No. 2019-003

Address: **No. 3 Sevilla Highway, San Fernando La Union**

Date: 2/11/2019

Tel/Fax No.: 9175761200

Terms of Payment: Charge

Supplier Registered with: 490-293-388-000 VAT

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**Please deliver to this office within **10-15 days upon approval of actual sample** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,000	pcs	KATSA BAG (with attached design & specification)	88.00	88,000.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	88,000.00
			Less: VAT (5%/1.12)	3,928.57	
			EWT (1%/1.12)	785.71	4,714.28
			PR No. 19-0125-0076		
			PURPOSE: THE PRITEL ALACJA KA & CORDONADO AGENTHO EVENTS		
			TOTAL - NET		83,285.72

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 working days on or before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / NMS Unit

Confirmed Budget Available: _____ Funds Available in the amount of: 88,000.00 JOSE A. MONES Fiscal Control With in the OOS: <i>ALACJA</i> Signature Code: <i>ALACJA</i> Project: <i>ALACJA</i> Remark: _____ Confirmed: _____ KRISTINE APRIL L. AMADOR Date: Feb. 19 2019 Signature over Printed Name and Position of Authorized Representative	APPROVED: ALBERTO C. MANDURIAO Regional Vice President, RPO1 Date: _____
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