



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: GAKKEN (Philippines), Inc.

Address: Dagupan City

Tel.Fax No.: 522-3228 / 540-2056

Supplier Registered with: 004-475-204-004 V

PO No. 2019-015

Date: 2/18/2019

Terms of Payment: Charge
Mode of Procurement: Direct Contracting

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	11	pcs	INK For Duplo Machine L-520, DC-14 (600ml) Black	816.20	8,978.20
	3	pcs	INK For Duplo Machine L-520, DC-14 (600ml) Black	816.20	2,448.60
	35	pcs	INK For Duplo Machine, 514K	816.20	28,567.00
			WARRANTY: 6 months	TOTAL	39,993.80
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	1,785.44	
			EWT (1%/1.12)	357.09	2,142.53
			PR No. 19-0125-0070		
			PURPOSE: For the procurement of 1st Quarter Supplies 2019	TOTAL - NET	37,851.27

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 thier 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.

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

AO IV / ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 39,993.80

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV / FMS Chief

With in the COB: 2019

Expense Code: 512020101

Bdget: 39,993.80

Remarks: PhilHealth Card Center

Conforme: [Signature]

Signature over Printed Name and Position of Authorized Representative

Date: 2/22/19

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

2-18-19

Date