

MAGMA ENTERPRISES

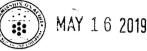
Caranglaan District, Dagupan City

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



COMMISSION ON AUDIT



Terms of Payment: Charge

Very truly yours,

RECEIVED BY:

PO No. 2019-109

Date: 5/16/2019

PURCHASE ORDER

OCCICE/DEDARTMENT: ADMINISTRATIVE SECTION	GENERAL SERVICE UNIT

Tel.Fax No.: 522-8244 Supplier Registered with: 124-753-074-000 V		522-8244	T	Terms of Payment: Mode of Procurement:	
			124-753-074-000 V Mode		
Supplier Registered William					Small Value Procurement
	Please de	eliver to this o	office within <u>1 month</u> from receipt hereof the following:	y	
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	рс	Auto Supply Battery for Motor Vehicle, 2 SMF (Motolite Enduro)	5,020.00	5,020.00
		F	xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	5,020.00
			Less: VAT (5%/1.12)		224.11
			PR No. 19-0514-0264		
			PURPOSE: For Toyota Grandia, SHY 918	TOTAL - NET	4,795.89

Terms & Conditions:

Supplier:

Address:

- 1. 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.
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. 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.
- 5 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.
- 6 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,
	CYNTHIAS. SANTOS
`	Division Chilef IV / MSD Chilef
Certified Budget Available: Funds Available in the amount of:	APPROVED:
JOSÉ A. MONES JANE E. RAGOS	
Fiscal Control of III FC IV / FMS Chief	
With in the COB:	ALDERYO C. Francisco
Expense Code:	ALBERTO C. MANDO RIAO
Bdget: F. D. M.	Regional Vice President, PRO1
Remarks:	
· #	5-16-19
Conforme:	•
- Cun	
MARIN ANN VALLE Date: 5-14-17	
Signature over Printed Name and Position of Authorized Representative	Date