

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ROBINSONS HANDYMAN, INC.
Address: 2nd Level Robinsons Place Calasiao, Pangasinan
Tel. Fax No.: 517-4487
Supplier Registered with: 003-888-229-074 VAT

PO No. 2019-117

Date: 5/21/2019

Terms of Payment: COD

Mode of Procurement: Shopping

Please deliver to this office within 10-15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	10	pcs	Hardware Supply, Flourescent Tube, 40 watts	80.00	800.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	800.00
			Less: VAT (5%/1.12)		35.71
			PR No. 19-0410-0227		
			PURPOSE: Procurement of Hardware Supplies for 2nd Quarter 2019	TOTAL - NET	764.29

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.

BY THE AUTHORITY OF THE

MARIMEL C. BRAY
FISCAL CONTROLLER III

By the authority of the MSD Chief

JANE C. RAGOS
FC IV / FMS CHIEF

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>800.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
Within the COB		
Expense Code:		
Budget:		
Remarks:		
Conforme:		
Signature over Printed Name and Position of Authorized Representative		
Date: <u>06/02/2019</u>		

COMMISSION ON
AUDIT TEAM R1-04 (PHIC Group)

JUN 03 2019

RECEIVED BY: ag

Date: 06/02/2019

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Date