



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

PHILHEALTH REGIONAL OFFICE I
 COA

Received By: May 20, 2019
 Time: 9:40 am

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: CARRIED LUMBER
 Address: M.H. Del Pilar St., Dagupan City
 Tel.Fax No.: 522-3209
 Supplier Registered with: 000-250-364-000 V

PO No. 2019-118
 Date: 5/21/2019
 Terms of Payment: Charge
 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
1	10	pcs	Hardware Supply, Outlet, 3-gang (item code: HS-043)	75.00	750.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	750.00
			Less: VAT (5%/1.12)		33.48
			PR No. 19-0410-0227		
			PURPOSE: Procurement of Hardware Supplies for the 2nd quarter of CY 2019	TOTAL	716.52

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 - 12:00NN and 1:00PM - 3:00PM** on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

BY THE AUTHORITY OF THE

MARIMEL C. BPAVA
 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>750.00</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 <u>5-22-19</u> Date
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		
Conforme: _____ Signature over Printed Name and Position of Authorized Representative		

Date: 5/29/19