



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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MAGMA ENTERPRISES
Address: Caranglaan District, Dagupan City
Tel.Fax No.: 522-8244
Supplier Registered with: 124-753-074-000 V

PO No. 2019-120
Date: 5/23/2019
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 1 week from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	set	Floor Matting	1,180.00	1,180.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	1,180.00
			Less: VAT (5%/1.12)		52.68
			PR No. 19-0507-0258		
			PURPOSE: For Isuzu Crosswind with Conduction of Sticker No. CS3661	TOTAL - NET	1,127.32

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: <u>JOSE A. MONES</u> Fiscal Controller III	Funds Available in the amount of: <u>1,150.00</u> <u>JANE C. RAGOS</u> FC IV / FMS Chief	COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) MAY 27 2019 RECEIVED BY: <u>Dee</u>	APPROVED: <u>MARICAR MARZADON M.D.</u> MO VII / DIVISION CHIEF 5/24/19
Conforme: <u>MARY ANN VALU</u> Signature over Printed Name and Position of Authorized Representative			Date: <u>5-27-19</u>