



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
1NU, Commercial Bldg., Francisco Duque St., Tuguegarao District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **SOLIS APPLIANCE SERVICE CENTER**
Address: **Palamis, Alaminos City, Pangasinan**
Tel./Fax No.: **568-6897**
Supplier Registered with: **176-630-529-000 VI**

PO No. **2019-129**

Date: **5/30/2019**

Terms of Payment: **Charge**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

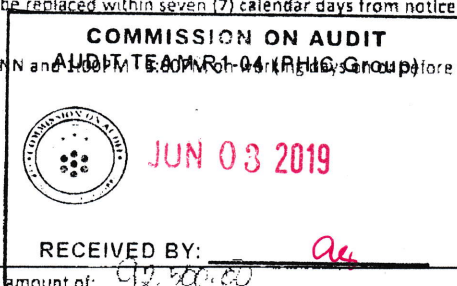
Please deliver to this office within **15 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	Wall Mounted Airconditioner Split-Type	46,250.00	92,500.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	92,500.00
Less: VAT (5%/1.12)				4,129.46	
EWT (1%/1.12)				825.89	4,955.35
PR No. 19-0521-0279					
PURPOSE: Procurement of Office Equipment for PRO 1 use				TOTAL	87,544.65

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 - 12:00NN and 1:00PM - 5:00PM on working days before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

ATTESTATION OF THE
MERLIE C. DORIA
FISCAL CLERK



Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of: **92,500.00**

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Within the COB

Expense Code:

Page:

Remarks:

APPROVED:

ALBERTO C. MANDORIAO
Regional Vice President, PRO1

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date