

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **POST MASTER DEPOT INC.**
Address: **112-A Sta. Catalina St., Quezon City**
Tel./Fax No.: **(02) 711-2162 / 501-2621 / 731-9287 (fax)**
Supplier Registered with: **244-553-176-000 V**

PO No. **2019-130**
Date: **5/30/2019**

Terms of Payment: **COD**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **15-30 days (for pick-up)** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	units	POLE: Belt-type, heavy-duty retractable	2,000.00	8,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	8,000.00
			Less: VAT (5%/1.12)		357.14
			PR No. 19-0325-0202		
			PURPOSE: Procurement of Office Equipment for PRO 1 use	TOTAL	7,642.86

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 business days before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

BY THE AUTHORITY OF THE

Very truly yours,

FISCAL CLERK

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of:	RECEIVED BY: <i>as</i>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	BY THE AUTHORITY OF THE MARIMEL C. BRAVO FISCAL CONTROLLER IV	ALBERTO C. MANDURIAO Regional Vice President, PRO1
With in the COB:			
Expense Code:			
Budget:			
Remarks:			
Conforme:			
Signature over Printed Name and Position of Authorized Representative			Date