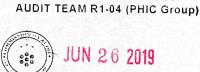


PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



COMMISSION ON AUDIT

RECEIVED BY: ____

POMM-P- 006

PURCHASE ORDER

DECIDE/NEOKOTSKENIT	ADMINISTRATIVE SECTION .	COMPRAINCED OF FUNIT

Supplier:	MB CRUZ SIGN SYSTEMS	PO No.	2019-146
Address:	#125 Mayombo District, Dagupan City	Date:	6/18/2019
Tel.Fax No.:	522-3615	Terms of Payment:	Charge
Supplier Reg	istered with: 203-401-042-001 V	Mode of Procurement:	Shopping

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	23	pcs	NAME HOLDER Acrylic, 12"x 3" (OS-081)	135.00	3,105.00
2 1	1	рс	BOX, Feedback/Suggestion Box, small, made of acrylic, 12 x 5 inches, with lock (OS-055)	650.00	650.00
			. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	3,755.00
			Less: VAT (5%/1.12)		167.63
			PR No. 19-0308-0176		
			PURPOSE: Procurement of 1st quarter supplies for CY 2019	TOTAL	3,587.37

Terms & Conditions:

- 1. 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.
- 3 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.
- 4 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.
- 5 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.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

MARIMEL C. BRA	JOSE A. MONES FISCAL CONTROLLER III	Very truly yours, CYNTHIA S. SANTOS Division Chief IV / MSD Civiet
ertified Budget Available:	Funds Available in the amount of: 3,1 hb 00	APPROVED
DSE A. MONES scal Controller III	JANE & RAGOS TOP!	
oth in the COB:	<u> </u>	ALBERTO C. MANDURIAO
aet WWW	and anthr	Regional Vice Fresident, PRO1 JOSEPHINE GO QUITON
onforme:	A	DIVISION CHIEF IN OIC- RUP, PRO1
Lea B.	Castañeda Date: 6-25-19	
Signature over Printed N	ame and Position of Authorized Representative	Date