*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: GAKKEN (Philippines), Inc.
Address: Dagupan City
Tel.Fax No.: 522-3228 / 540-2056
Supplier Registered with: 004-475-204-004 V

PO No. 2019-153
Date: 7/1/2019
Terms of Payment: Charge
Mode of Procurement: Direct Contracting

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

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| | 27 | pcs | INK For Duplo Machine L-520, DC-14 (600ml) Black (OS-037) | 897.82 | 24,241.14 |
| | | | xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx | | |
| | | | Less: VAT (5%/1.12) | 1,082.19 | |
| | | | EWT (1%/1.12) | 216.44 | 1,298.63 |
| | | | PR No. 19-0624-0325 | | |
| | | | PURPOSE: To be use in the reproduction of various forms for various cost centers | TOTAL - NET | 22,942.51 |

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.**
2. 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:
Funds Available in the amount of: 24,241.14

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB
Expense Code
Bdget:
Remarks:

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 03 2019
RECEIVED BY:

Conforme:

KIMBERLY C. GAYSON / SALES SECRETARY Date: 7/3/19
Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

7/2/19
Date