



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MEL & JAY TAILORING/DRESS FASHION/IMELDA A. ESPINOSA

PO No. 2019-157

Address: #123 Rivero St., Dagupan City

Date: 7/3/2019

Tel.Fax No.: 0908-237-5784 / 0975-085-9221

Terms of Payment: Charge

Supplier Registered with: 440-974-751-000 NV

Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within 2-3 months upon approval of sample from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	30	pcs	PHILHEALTH VEST (specifications must be per CO No. 2016-0076)	2,000.00	60,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	60,000.00
			Less: VAT (5%/1.12)	2,678.57	
			EWT (1%/1.12)	535.71	3,214.28
			PR No. 19-0514-0265		
			PURPOSE: For PRO 1 "Sagot Ka PhilHealth" radio programs	TOTAL	56,785.72


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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>60,000.00</u>	APPROVED: _____  ALBERTO C. MANDURIAO Regional Vice President, PRO1  7/3/19  Date
JOSE A. MONES Fiscal Controller III  With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____  Conforme: _____ <u>Marifa Guzman</u> Signature over Printed Name and Position of Authorized Representative	COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)   JUL 05 2019  RECEIVED BY: <u>As</u>