



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: **LAKAS AGRITECH MARKETING**

PO No. **2019-161**

Address: **Rizal St., Barangay II & III, Dagupan City**

Date: **7/10/2019**

Tel.Fax No.: **523-1311 / 09338570569**

Terms of Payment: **Charge**

Supplier Registered with: **168-611-868-000 V**

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
	2	units	HAND TRACTOR with TRAILER and STEEL TOP (RK 80 Kubota Engine)	150,000.00	300,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	300,000.00
			Less: VAT (5%/1.12)	13,392.86	
			EWT (1%/1.12)	2,678.57	16,071.43
			PR No. 19-0627-0331		
			PURPOSE: For PRO 1 use	TOTAL - NET	283,928.57

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 must be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO

By the Authority of the

MARIMEL C. BRAVO

Fiscal Controller II



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

JUN 17 2019

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of

RECEIVED BY: As

APPROVED:

JOSE A. MONES

Fiscal Controller III

JANE C. RAGOS

FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES

FISCAL CONTROLLER III

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Jennylyn Domingo

Date: **7/17/19**

Signature over Printed Name and Position of Authorized Representative

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Date