



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE
Address: AB Fernandez Ave., Dagupan City
Tel.Fax No.: 522-2328 / 522-0080
Supplier Registered with: 157-686-860-002 V

PO No. 2019-164
Date: 7/17/2019
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 7 days from receipt hereof the following:

NO.	ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1		100	pck	Sticker Paper, Spcs/pack, Orange	48.00	4,800.00
				xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	4,800.00
				Less: VAT (5%/1.12)		214.29
				PR No. 19-0710-0346		
				PURPOSE: To be used by the PRO 1 Inventory Committee in printing the inventory tag	TOTAL	4,585.71

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 - 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>4,800</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE MARICAR MARZADON, MD MEDICAL OFFICER/VI Due to Date CPO PRO I No. 2019-0503
JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgct _____ Remarks: _____	JANE C. RAGOS FC IV / FMS Chief BY THE AUTHORITY OF THE CHIEF, FMS JOSE A. MONES FISCAL CONTROLLER III Date: <u>7/22/19</u>	
Conformer: <u>MARLO D. NOVALES</u> Signature over Printed Name and Position of Authorized Representative		