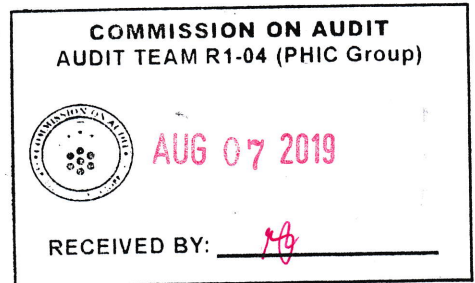


LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



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. 2019-177

Date: 8/1/2019

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		2	pcs	Self-Inking Stamp with rubber inscription, 2-liner	368.00	736.00
				xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	736.00
				Less: VAT (5%/1.12)		32.86
				PR No. 19-0627-0330		
				PURPOSE: For PRO 1 use	TOTAL	703.14

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 their 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 - 12:00NN and 1:00PM - 3:00PM** on working days on or before the date stipulated in the PO.
7. 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: 736

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

by: *[Signature]*
MARLO D. NOVALES

Date: 8-06-14

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

BY THE AUTHORITY OF THE RVS
MARICAR M. ARZADON, MD
MEDICAL OFFICER/VII

Date _____