




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

### PURCHASE ORDER

<b>COMMISSION ON AUDIT</b> AUDIT TEAM R1-04 (PHIC Group)	
	<b>AUG 28 2019</b>
RECEIVED BY: <u>HB</u>	POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: NESLEN MEDICAL SUPPLY  
Address: Arellano Bani, Dagupan City  
Tel.Fax No.: 0922-517-2546  
Supplier Registered with: 941-198-014-000 V

PO No. 2019-192  
Date: 8/22/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within **2 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	Oxygen Tank with regulator, 50lbs.	11,800.00	11,800.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	<b>TOTAL</b>	<b>11,800.00</b>
			Less: VAT (5%/1.12)	526.79	
			EWI (1%/1.12)	105.36	632.15
			PR No. 19-0607-0313		
			PURPOSE: For PRO 1 Clinic use	<b>TOTAL</b>	<b>11,167.85</b>

#### 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,

By the Authority of the Chief, MSD

**EDWARD Q. ESPIRITU**  
AQ IV

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>11,800.00</u>		APPROVED:   <b>Cynthia S. Santos</b> Division Chief IV OK-Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
With in the COB: <u>2019</u>	Expense Code: <u>502212205</u>	
Bdget: <u>11,800.00</u>	Remarks: <u>AS</u>	
Conforme: <u>NOVA C. DE VERA</u> Signature over Printed Name and Position of Authorized Representative		Date: <u>08/27/19</u>
		Date