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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: GAKKEN (Philippines), Inc.
Address: Dagupan City
Tel.Fax No.: 522-3228 / 540-2056
Supplier Registered with: 004-475-204-004 V

PO No. 2019-205
Date: 9/18/2019
Terms of Payment: Charge
Mode of Procurement: Direct Contracting

Please deliver to this office within *15 days* from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	16	carts	INK For Duplo Machine L-520, DC-14 (600ml) Black (OS-037)	974.00	15,584.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	695.71	
			EWT (1%/1.12)	139.14	834.85
			PR No. 19-0822-0387		
			PURPOSE: To be used for printing of various forms in BAS and LHIOs	TOTAL - NET	14,749.15

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 thier 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 tested.
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 to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 15,584.00

JOSE A. MONES
Fiscal Controller III

JANE C. BAGOS
FC IV / FMS Chief

Within the LIB: [illegible]
Expense Code: [illegible]
Budget: 15,584.00
Remarks: [illegible]

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

9/18/19
Date

Conforme:

KIMBERLY C. SAXSON / SALES SECRETARY Date: September 19, 2019
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 23 2019
RECEIVED BY: [signature]

COA on TRAVEL (9/16-20, 2019)