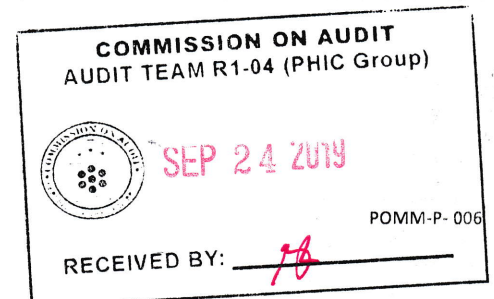




Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT



Supplier: GNS TIRE AND SERVICE CENTER INC.
 Address: Lucao District, Dagupan City
 Tel.Fax No.: 523-0138, 515-6841, 523-9828 (fax)
 Supplier Registered with: 006-016-737-000 V

PO No. 2019-210
 Date: 9/19/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within 1 week from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Denso Wiper 16"	359.00	359.00
	1	pc	Denso Wiper 24"	560.00	560.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	919.00
			Less: VAT (5%/1.12)	41.03	
			EWT (1%/1.12)	8.21	49.24
			PR No. 19-0913-0410		
			PURPOSE: Replacement of Wiper Rubber Blade for Toyota Innova, SFH 812	TOTAL	869.76

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 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: <u>919.00</u> JOSE A. MONES Fiscal Controller III With in the COB: <u>2019 09/19/2019</u> Expense Code: _____ Bdgct: _____ Remarks: _____ Conforms: <u>[Signature]</u> <u>9-24-19</u> Date: _____ Signature over Printed Name and Position of Authorized Representative _____		APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 <u>9/19/19</u> Date _____
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