

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION. GENERAL SERVICE UNIT



COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group)

POMM-P- 006

RECEIVED BY:

| PURCHASE ORDER | |
|----------------|--|
| | |

Supplier:

Address:

G.I.O. ENTERPRISES

Arellano St., Dagupan City

Tel.Fax No.: 653-3254

Supplier Registered with: 945-867-227-000 V

PO No. 2019-216

Date: 9/26/2019

Terms of Payment: Charge

Very truly yours,

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

Diagon deliver to this office within 20 days, from receipt barnef the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|---|------------|--------------|
| | 5000 | pcs | Collateral: FOLDABLE FAN | 11.85 | 59,250.00 |
| | | | * Tech specs & design must be in accordance to CO No. 2016-0076) | | |
| | | | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | TOTAL | 59,250.00 |
| | | | Less: VAT (5%/1.12) | 2,645.09 | |
| | | | EWT (1%/1.12) | 529.02 | 3,174.11 |
| | | | PR No. 19-0903-0402 | | |
| | | | PURPOSE: Increase awareness through Corporate give-aways/promotional items for PhilHealth Members/Employers/Stakeholders/Partners during conduct of PRO 1 ALAGAKA / Corporate activities/events | TOTAL | 56,075.89 |

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
- 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 to 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Signature over Printed Name and Position of Authorized Representative

Certified Budget Available:

MONES Fiscal Control

With in the COB

Expense Code

Conforme:

Bdget Remarks

Division Chief IV / MSD Ch able in the amount of: APPROVED: CJV / FMS Chie ALBERTO C. MANDURIAO Regional Vice President, PRO1