



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(NU), Commercial Bldg., Francisco Duque St., Tapuec District Dagupan City

PURCHASE ORDER

POMM-P-006

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. **2019-225**

Date: **10/4/2019**

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 |
|-----|-----|------|--|------------|------------------|
| | 19 | cart | INK For Duplo Machine L-520, DC-14 (600ml) Black (05-037) | 974.00 | 18,506.00 |
| | | | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | | |
| | | | Less: VAT (5%/1.12) | 826.16 | |
| | | | EWT (1%/1.12) | 165.23 | 991.39 |
| | | | PR No. 19-0925-0422 | | |
| | | | PURPOSE: To be used in the reproduction of various forms of cost centers | | |
| | | | TOTAL - NET | | 17,514.61 |

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

By the Authority of the

MERLIE C. DORIA
Fiscal Clerk III

By the authority of the MSD Chief

EDWARD Q. ESPIRITU
AO IV / ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **18,506.00**

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

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



RECEIVED BY: **ay**

OCT 11 2019

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PHIC

JOSE C. MANDURIAO
Division Chief IV

OIC, PHIC

Date

KIMBERLY C. SAXSON / SALES SECRETARY Date: **10/10/19**

Signature over Printed Name and Position of Authorized Representative