

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT



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

OCT 18 2019

POMM-P-006

RECEIVED BY:

Supplier: **KNIT & TUCK MERCHANDISING**  
Address: **L2 B4 Ocean Park Road, Sauyo Novaliches Quezon City**  
Tel.Fax No.: **(02) 455-8305 / 208-7582 / 0932-8857582**  
Supplier Registered with: **183-894-733-000 V**

PO No. 2019-231

Date: 10/14/2019

**Terms of Payment: COD**

**Mode of Procurement:** Negotiated Procurement-  
Small Value Procurement

**Please deliver to this office within 20 days upon approval of proofing**

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,200	pcs	CY 2020 Promotional Wall Calendar	199.00	238,800.00
			(Design & specs is in accordance to CAG Memorandum No. 2019-052 dated June 24, 2019)		
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	238,800.00
			Less: VAT (5%/1.12)	10,660.71	
			EWT (1%/1.12)	2,132.14	12,792.85
			PR No. 19-0923-0418		
			PURPOSE: Corporate giveaways / promotional items for PhilHealth Members / Employers / Stakeholders / Partners	TOTAL - NET	226,007.15

**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 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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 238,800.00

JOSE A. MONES  
Fiscal Controller III

IANE C. RAGOS  
FC IV / FMS Chief

With in the COB:

Expense Code:

**Bdget:**

Remarks:

Conforme:

CHRISTINE L. RIVERA

Date: OCTOBER 15, 2019

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO

Regional Vice President, PRO1

Date \_\_\_\_\_