



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

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

NOV 19 2019

POMM-P-006

RECEIVED BY: 10

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

PO No. 2019-260  
Date: 10/30/2019  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	PAPER SHREDDER, cross cut, that can shred staples credit cards and CD, cut at least ten (10) sheets for 70 gsm paper with a cutting speed of 500mm/sec., Automatic start/stop control, cutting width, security level 4 (160mm2 particles with width 6mm), RUN	6,200.00	6,200.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	6,200.00
		Warranty: 1 Year	Less: VAT (5%/1.12)		276.79
			PR No. 19-0325-0202		
			PURPOSE: For PRO 1 use	TOTAL - NET	5,923.21

#### Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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.
- 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.
- 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.
- 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 / OIC-OMSD Chief

Very truly yours,  
**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: _____	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS FC IV / FMS Chief	
By the Authority of the FMS Chief <b>JOSE A. MONES</b> Fiscal Controller III		
With in the COB:	<u>CT 2019</u>	
Expense Code:	<u>FD20321002</u>	
Bdget:	<u>6,200.00</u>	
Remarks:	<u>FOD</u>	
Conforme:	<u>Gian Vincent R. Navar</u>	
Signature over Printed Name and Position of Authorized Representative		
Date: <u>11-14-19</u>		
		<b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1
		<b>MARICAR M. ARZADON, MD</b> MEDICAL OFFICER VII
		Date

11/19