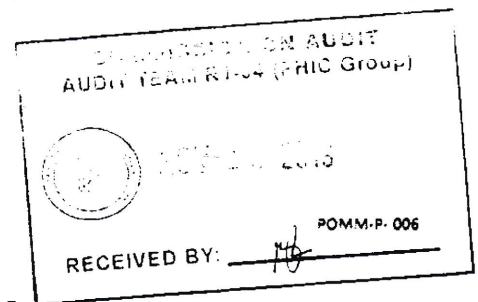


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 (N/C Commercial Bldg., Francisco Duque St., Tacuod District, Dagupan City)

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT



Supplier: SEE MANUFACTURING CONTRACTOR
 Address: 140 Aurora Blvd., San Juan City
 Tel./Fax No.: (02)727-2501/ 725-5920/ 744-3153/4217
 Supplier Registered with: 244-362-034-000 V

PO No. 2019-262
 Date: 11/4/2019
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	7	units	GANG CHAIR, 4 seaters, made in stainless steel	14,857.00	103,999.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	103,999.00
			Less: VAT (5%/1.12)	4,642.81	
			EWI (1%/1.12)	928.56	5,571.37
			PR No. 19-0902-0394		
			PURPOSE: For the use of LGU La Union, LGU Eastern Pangasinan and PSO Agoda Union	TOTAL - NET	98,427.63

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 incorporated 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.
- 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.

Very truly yours,

By the Authority of the

MARCEL C. BRAVO
 Fiscal Controller II

CYNTHIA S. SANTOS
 Division Chief IV / MSD-CHE

Certified Budget Available: _____ Funds Available in the amount of: _____ JOSE A. MONES Fiscal Controller I JANE C. RAGOS FC IV / FMS Chief With Note CDB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conformer: _____ Date: <u>11/14/19</u> Signature over Printed Name and Position of Authorized Representative		APPROVED Regional Vice President, PRO1 Date: _____
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