



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**

RECEIVED BY: 98 POMM-P- 006

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

PO No. 2019-263  
 Date: 11/5/2019  
 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
	4	units	PAPER SHREDDER, can shred staples, credit cards, and CDs, strip cut, cut at least 6 sheets for 70 gsm paper with a cutting speed of 60mm/sec., auto switch and auto reverse, with motor overheating protection, cutting width of 3mm-4mm, 220V	21,000.00	84,000.00
WARRANTY: 1 year on parts and monthly preventive maintenance and free service			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL-Gross	84,000.00
			Less: VAT (5%/1.12)	3,750.00	
			EWT (1%/1.12)	750.00	4,500.00
			PR No. 19-0327-0205		
			PURPOSE: For PRO 1 use	TOTAL - NET	79,500.00

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>84,000.00 -</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ <u>Gian Vincent R. Navarro</u> Signature over Printed Name and Position of Authorized Representative	APPROVED:  ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE <u>RVP</u> JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV Date <u>11/19</u>
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11/19