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PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	211 MARKETING	PO No. 2019-264		
Address:	Banaoang, Calasiao, Pangasinan	Date:	11/5/2019	
Tel.Fax No.:	9326447174	Terms of Payment:	Charge	
Supplier Registered with: 910-344-855-000 NV		Mode of Procurement:	Negotiated Procurement-	
			Small Value Procurement	

Please deliver to this office within <u>10 days</u> from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	AIRCON: 220V, single phase, split type: 3.0 TR cooling capacity, floor mounted, digital control, supply & installation, materials & labor including provision of power supply		163,100.00
N	ARRANTY:	5 Years on	xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	163,100.00
	Comp	ressor	Less: VAT (5%/1.12)	7,281.25	
			EWT (1%/1.12)	1,456.25	8,737.50
			PR No. 19-0327-0205		
			PURPOSE: For PRO 1 use	TOTAL - NET	154,362.50

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, CYNTHIAS. SANTOS
	Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of: 103, 100	APPROVED:
m P	
JOSE A. MONES JANE C. RAGOS	
Fiscal Controller VII FC IV / FMS Chief	
With in the COB:	
Expense Code:	ALBERTO C. MANDURIAO
Bdget:	Regional Vice President, PRO1
Remarks:	Y THE AUTHORITY OF THE PUP
Conforme:	JANETTE D. MANAOIS, MD MEDICAL SPECIALIST IV 117
Signature over Printed Name and Position of Authorized Representative	Date