

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



NOV 14 2019

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FORM-P-006

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
UNJ, Carmichael Bldg., Francisco Duque St., Taguig District Taguig City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **ABACUS BOOK AND CARD CORPORATION**
Address: **Robinsons Place San Miguel Calasiao, Pangasinan**
Tel. Fax No.: **632-0069**
Supplier Registered with: **000-299-299-000 V**

PO No. **2019-267**

Date: **11/7/2019**

Terms of Payment: **COD**

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

Please deliver to this office within **15 days (pick-up)** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	SAFETY VAULT: All steel, insulated for fire resistance, electronic and/or combination and key lock, with multiposition shelves, with five locking bolts	24,600.00	24,600.00
Less: VAT (5%/1.12)				1,098.21	
EWT (1%/1.12)				219.64	1,317.85
PR No. 19-0116-0041					
PURPOSE: For PRO 1 use				TOTAL	23,282.15

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 "Restoration 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 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 - 12:00PM and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 23,282.15

JOSE A. MONES
JOSE A. MONES
Fiscal Controller

JANE C. MAGOS
JANE C. MAGOS
FC IV / FMS Chief

With in the COB

Expense Code

Subject

Remarks

Conforme:

Janette C. Manaois
JANETTE C. MANAOIS
Medical Specialist IV
Signature over Printed Name and Position of Authorized Representative Date: 11-12-19

APPROVED:

ALBERTO C. MANDURIAO
ALBERTO C. MANDURIAO
Regional Vice President, PRO1

JANETTE C. MANAOIS, MD
JANETTE C. MANAOIS, MD
MEDICAL SPECIALIST IV

Date