

RECEIVED BY:



*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

Supplier: **LIM PAN COMMERCIAL**  
Address: **378 AB Fernandez Ave., Dagupan City**  
Tel.Fax No.: **523-0478**  
Supplier Registered with: **102-278-100-000 V**

**PO No. 2019-280**

Date: 11/11/2019

**Terms of Payment:** Charge

Mode of Procurement: Shopping

Please deliver to this office within 30-45 days from receipt hereof the following:

NO.	ITEM NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	OS-INK-012	5	pcs	INK PAD FOR SHINY, PRINTER S-829	176.00	880.00
2	OS-INK-014	6	pcs	SELF-INKING STAMP REFILL, #2300/2360	220.00	1,320.00
3	OS-014	4	pcs	CORRECTION PEN	26.00	104.00
4		6	pcs	STAPLER HEAVY DUTY, CAN STAPLE 30 PIECES OF BOND PAPER	1,080.00	6,480.00
5	OS-BATT-006	40	pcs	BATTERY, UM-2	44.00	1,760.00
				xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	10,544.00
				Less: VAT (5%/1.12)	470.71	
				EWT (1%/1.12)	94.14	564.85
				PR No. 19-1010-0451		
				PURPOSE: For PRO 1 use	TOTAL	9,979.15

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

By the Authority of the

Very truly yours,

MARINEL C. BRAVO

## Fiscal Controler II

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of:

**JOSE A. MONES**  
Fiscal Controller III

JANE C. RAGOS  
EC IV / EMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES  
FISCAL CONTROLLER III

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

GIRLIE GAPUZ

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

Date \_\_\_\_\_