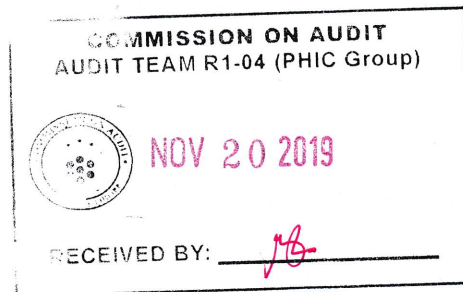




Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



POMM-P-006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE  
Address: AB Fernandez Ave., Dagupan City  
Tel.Fax No.: 522-2328 / 522-0080  
Supplier Registered with: 157-686-860-002 V

PO No. 2019-281  
Date: 11/11/2019  
Terms of Payment: Charge  
Mode of Procurement: Shopping

Please deliver to this office within 10-15 days from receipt hereof the following:

NO.	ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1		2	pcs	SELF-INKING STAMP, 2-LINER	368.00	736.00
				xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	736.00
				Less: VAT (5%/1.12)		32.86
				PR No. 19-1010-0450		
				PURPOSE: For PRO 1 use	TOTAL	703.14

## 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 - 12:00NN 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.

By the Authority of  
**MARIMEL C. BRAVO**  
Fiscal Controller III

Very truly yours,  
**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>736.00</u> <b>JOSE A. MONES</b> Fiscal Controller III JANE C. RAGOS FC IV / FMS Chief BY THE AUTHORITY OF THE CHIEF, FMS <b>JOSE A. MONES</b> FISCAL CONTROLLER III 11/12/19		APPROVED: _____ <b>ALBERTO C. MANDURIAO</b> Regional Vice President, PRO1 11/12/19
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ <b>MARLO D. NOVALES</b> Date: <u>11-19-19</u> Signature over Printed Name and Position of Authorized Representative		Date: _____