

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SIGN MEDIA INC.
 Address: San Martin De Porres East Service Road, Bicutan Parañaque
 Tel.Fax No.: (02) 8805-0025 / 0906-0955805
 Supplier Registered with: 201-172-648-0000 V

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



DEC 02 2019
 POMM-P-006

RECEIVED BY: [Signature]
 PO No. 2019-284

Date: 11/19/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within **7-10 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	units	Information Desk Portable (Pop-up Table)	25,500.00	153,000.00
2	6	units	Expand-A-Wall (Pop-up Display Curved Small)	35,500.00	213,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	366,000.00
			Less: VAT (5%/1.12)	16,339.29	
			EWI (1%/1.12)	3,267.86	19,607.15
			PR No. 19-0902-0396		
			PURPOSE: For all LHIOs (1 per LHIO)	TOTAL	346,392.85

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.
- Procurement of goods (CAPEX and semi-expendable items) including supplies with warranty is subject to retention money of 1% of the total gross amount. The retention money will be refunded to the supplier after the warranty period and upon submission of request letter.

By the Authority of the
MERLIE C. DORIA
 Fiscal Officer III

Certified Budget Available:

JOSE A. MONES
 Fiscal Controller III

With in the COB:
 Expense Code:
 Bdgct:
 Remarks:

Conforme:

ARIANNE J. NAVARRO

Date: DECEMBER 2, 2019

Signature over Printed Name and Position of Authorized Representative

By the authority of the MSD Chief

EDWARD Q. ESPIRITU
 AO IV / ASS Chief / OIC-OMSD Chief

Very truly yours,

CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

APPROVED:

JANETTE D. MANAOIS, MD
 MEDICAL SPECIALIST IV

OIC-Regional Vice President, PRO1
11/24

Date