

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: WORLD HEALTH ORGANIZATION (WHO)  
Address: United Nations Avenue P.O. Box 2932, 1000 Manila Philippines  
Tel Fax No.: (02) 521-1035  
Supplier Registered with: \_\_\_\_\_

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

**DEC 27 2019**

RECEIVED BY: CSB Luster

PO No. 2019-325

Date: 12/19/2019  
Terms of Payment: C.O.D  
Mode of Procurement: United Nations Agencies  
International Organization for  
International Financing  
Institutions

Please deliver to this office within 3 to 4 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	set		ICD-10, 2016 Edition (Volume 1,2,3)		8,200.00
			XXXXXXXXXXXXNothing FollowsXXXXXXXXXXXX		
			PR No. 19-0906-0409		
			PURPOSE: For BAS use		
			TOTAL		8,200.00

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 "Reliteration 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 to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of \_\_\_\_\_

MARCEL C. DRAVO

CYNTHIA S. SANTOS

Division Chief IV/MSD Chief

Certified Budget Available:	Funds Available in the amount of: <u>8,200</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS PC IV/FMS Chief	<u>Marcos M. Arzadon, M.D.</u> Mesca Officer VII Off. Regional Vice President, PHO I
With in the COB: <u>DAW</u>		
Expense Code: <u>1000000000</u>		
Bogot: <u>1000000000</u>		
Remarks: <u>HE</u>		
Conforme: <u>Ang-B R. Abierta</u> Date: <u>27 DEC 2019</u>		
Signature over Printed Name and Position of Authorized Representative		Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatures of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier