

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: BITSTOP INC.
Address: AB Fernandez Eastgate Place, Dagupan City Pangasinan
Tel.Fax No.: 515-5751 to 54
Supplier Registered with: 005-333-830-000 VAT

RECEIVED BY:
PO No. 2019-328-

Date: 12/20/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

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

[illegible]

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 must be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

Authority of the **MARCEL C. DRAGO**
Fiscal Controller

CYNTHIA S. SANTOS
Division Chief IV/MSD Chief

Certified Budget Available: Funds Available in the amount of: \$1,900

JOSE A. MONES

JANE C. RAGOS

Fiscal Controller III

FC IV/FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 12/27/2019

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO 1

BY THE AUTHORITY OF THE *my* *12/20/17*
MARICAR M. ARZADON, MD
MEDICAL OFFICER VII
Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. 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.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier