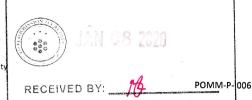


Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City



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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICE LINIT

| | | | HOTH HITE SECTION, SEITERNE SERVICE SINT | |
|---------------------------|----------------------|------------------------------|--|------------|
| Supplier: | OCTOBER PH | ARMACY & GENERAL MERCHANDISE | PO No. | 2019-333 |
| Address: | Bugallon, Pangasinan | | | 12/26/2019 |
| Tel.Fax No.: | 9395827229 | | Terms of Payment: | |
| Supplier Registered with: | | 438-653-000 NV | Mode of Procurement: | |
| | | | | |

Please deliver to this office within <u>2-3 weeks</u> from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|--|------------|--------------|
| | 6 | рс | MEDICAL SUPPLIES Micropore Tape, 1 | 45.00 | 270.00 |
| | | | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | TOTAL | 270.00 |
| | | | Less: VAT (3%) | | 8.10 |
| | | | PR No. 19-0729-0375 | | |
| | | | PURPOSE: For PRO 1 use | TOTAL | 261.90 |

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.
- 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.

By the authority of the MSD Chief

Very truly yours,

- 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.
- Partial delivery per item will not be accepted.

| | | EDWARD Q. ESPIRITU | CYNTHIA S. SANTOS |
|---|--|---------------------------------|---|
| | AO | IV / ASS Chief / OIC-OMSD Chief | Division Chief IV / MSD Chief |
| Certified Budget Available: JOSE A. MONES Fiscal Controller III | Funds Available in the amount of: | | APPROVED: |
| With in the COB: Expense Code: Bdget: Remarks: | FC IV / FMS Chief / MW | | MARICARM ARZADON, M.D. HCDMD CHief / MO VII / OIC-ORVP |
| Conforme: Signature over Printed Nat | Date: me and Position of Authorized Representative | - 77 - 19 - | Date |
| | | | |