

#123 Rivero St., Dagupan City

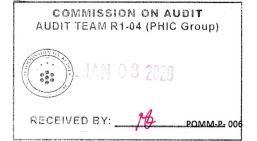
Tel.Fax No.: 0908-237-5784 / 0975-085-9221

Supplier Registered with: 440-974-751-000 NV

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	MEL & JAY TAILORING/DRESS FASHION/IMELDA A. ESPINOSA

PO No. 2019-335

Date: 12/26/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

Please deliver to this office within 2-3 months upon approval of sample from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pcs	PHILHEALTH VEST	2,000.00	40,000.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	40,000.00
			Less: VAT (3%)	1,200.00	manuschen der
			EWT (1%)	400.00	1,600.00
			PR No. 19-1217-0540		
			PURPOSE: For PRO 1 Collection and Marketing Initiatives/Activities	TOTAL	38,400.00

Terms & Conditions:

Address:

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

	By the authority of the MSD Chief	Very truly yours,
	EDWARD Q. ESPIRITU AO IV / ASS Chief / OIC-OMSD Chief	CYNTHIA S. SANTOS Division Chief IV / MSD Chief
JOSE A. MONES Fiscal Controller III With in the COB: Expense Code: Bdget: Remarks:	<u> </u>	MARICAR M. ARZADON, M.D. HCDMD Chief / MO VII / OIC-ORVP
Conforme: Martes Gutman Da Signature over Printed Name and Position of Authorized Representation	nte: D*C 27, PI	Date