

PHILHEALTH REGIONAL OFFICE I
COA
APR 04 2019
Received By: *JB*
Time: _____

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **PRINTWISE COMPUTER**
Address: **#84 Arellano St. Dagupan City**
Tel. Fax No.: **522-5672**
Supplier Registered with: **005-339-778-000 NV**

PO No. **2019-044**
Date: **3/27/2019**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **15-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	pack	Pre-printed Certificate for Membership Registration (500pcs/pck)	3,500.00	21,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	21,000.00
			Less: VAT (3%)	630.00	
			EWT (1%)	210.00	840.00
			PR No. 19-0208-0130		
			PURPOSE: Procurement of First Quarter Supplies for CY 2019	TOTAL - NET	20,160.00

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

by the authority of the *EDWARD Q. ESPIRITU*
Very truly yours,
EDWARD Q. ESPIRITU
ADMINISTRATIVE OFFICER IV

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>21,000.00</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms to: _____ Signature over Printed Name and Position of Authorized Representative		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO1 BY THE AUTHORITY OF THE _____ JANETTE D. MANAOIS, MI SECTION HEAD - BAS Date: <u>3/28</u>
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