



POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARC'S ID HAUZ
Address: 89 F Don Manuel Agregado St., Quezon City
Tel.Fax No.: (02) 209-0224 / 741-3278 / 898-5580
Supplier Registered with: 900-941-912-009 V

PO No. 2019-051
Date: 4/4/2019
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 10 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1000	pcs	Pre-printed ID for Institutional HCPs	10.00	10,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	10,000.00
			Less: VAT (5%/1.12)		446.43
			PR No. 19-0208-0129		
			PURPOSE: Procurement of First Quarter Supplies for AQAS use	TOTAL	9,553.57

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 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
MANUEL C. BRAVO
FISCAL CONTROLLER III

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU
AO IV / ASS CHIEF

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 10,000.00

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

BY THE AUTHORITY OF THE CHIEF, FMS

JOSE A. MONES
FISCAL CONTROLLER III

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Conforme:

JONATHAN ONG / SALES DIRECTOR Date: 4/11/2019
Signature over Printed Name and Position of Authorized Representative

Date