

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



RECEIVED BY: MB POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 2019-053

Date: 4/8/2019

Terms of Payment: Charge

Mode of Procurement: Shopping

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5	pc	Hardware Supply Adapter, Universal	49.00	245.00
	4	pc	Hardware Supply Circuit Breaker, 30AMP w/ outlet	460.00	1,840.00
	15	roll	Hardware Supply Electrical Tape, 18mm x 16m, assorted colors	30.00	450.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	TOTAL	2,535.00
			Less: VAT (5%/1.12)		113.17
			PR No. 19-0201-0114		
			PURPOSE: Procurement of First Quarter Supplies for CY 2019	TOTAL	2,421.83

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.


Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief-

Certified Budget Available: Funds Available in the amount of: 2,535.00

JANE C. RAGOS
FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS
 4/12/19
JOSE A. MONES
 FISCAL CONTROLLER III

With in the COB:	07 2019
Expense Code:	5020301001
Bdget:	2,535.00
Remarks:	VARIOUS COST CENTER

Conforme: Harlika Maningday 4-23-19 Date: _____

Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

Date _____