



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: **ABACUS BOOK AND CARD CORPORATION**  
 Address: **Robinsons Place San Miguel Calasiao, Pangasinan**  
 Tel.Fax No.: **632-0069**  
 Supplier Registered with: **000-299-299-000 V**

PO No. **2019-059**  
 Date: **4/12/2019**  
 Terms of Payment: **Charge**  
 Mode of Procurement: **Shopping**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	roll	ADHESIVE TAPE Tape, double sided 0.5" without foam	24.00	480.00
	1	pc	NUMBERING MACHINE, Trodat 10-digit, heavy duty	670.00	670.00
	57	pc	SIGN PEN, 0.7, blue, gel type	23.75	1,353.75
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>2,503.75</b>
			Less: VAT (5%/1.12)		111.77
			PR No. 19-0213-0147		
			<b>PURPOSE:</b> Procurement of First Quarter Supplies for CY 2019	<b>TOTAL</b>	<b>2,391.98</b>

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 - 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.

BY THE AUTHORITY OF THE  
  
**MARIMEL C. BRAVO**  
 FISCAL CONTROLLER III

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



**APR 17 2019**

RECEIVED BY:                     

Very truly yours,

**CYNTHIA S. SANTOS**

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of **2,503.75**

**JOSE A. MONES**  
 Fiscal Controller III

**JANE C. RAGOS**  
 FC IV / FMS Chief

BY THE AUTHORITY OF THE CHIEF, FMS  
  
**JOSE A. MONES**  
 FISCAL CONTROLLER III

With in the COB: CT 2019  
 Expense Code: 5020301001  
 Bdgct: 2,503.75  
 Remarks: VARIOUS COST CENTER

Conforme:                       
  
 Signature over Printed Name and Position of Authorized Representative  
 Date: April 16, 2019

APPROVED:

**ALBERTO C. MANDURIAO**  
 Regional Vice President, PRO1

**4-15-19**

Date