FROM : FAX NO. : 22 Apr. 2019 1:27AM P1

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

APR 22 2019

RECEIVED BY: ____

4/12
2:50

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: SK HARDWARE & GENERAL MERCHANDISE
Address: #88 SK Bldg., Rizal St., Dagupan City
Tel.Fax No.: 522-2559/ 1682-3/ 5388
Supplier Registered with: 131-149-412-000 V

PO No. 2019-060
Date: 4/12/2019
Terms of Payment: Charge
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	set	HARDWARE SUPPLY Extension Cord, 4 gang, 10 meters	290.00	290.00
	10	set	HARDWARE SUPPLY Tire Inflator, portable	1,100.00	11,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	11,290.00
			Less: VAT (5%/1.12)	504.02	
			EWT (1%/1.12)	100.80	604.82
			PR No. 19-0201-0114		
			PURPOSE: Procurement of First Quarter Hardware Supplies for CY 2019	TOTAL - NET	10,685.18

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

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 11,290.00

JOSE A. MONES
Fiscal Controller III

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 cop: CY 2019
Expense Code: 50203010(00)
Budget: 11,290-00
Remarks: VARIOUS COST CENTER

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4-12-19
Date

Conforme:
Theresa B. Revilla
04/22/19
Date:
Signature over Printed Name and Position of Authorized Representative

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