



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

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



MAY 06 2019

POMM-P-006

PURCHASE ORDER

RECEIVED BY: rb

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CARRIED LUMBER
Address: M.H. Del Pilar St., Dagupan City
Tel.Fax No.: 522-3209
Supplier Registered with: 000-250-364-000 V

PO No. 2019-077
Date: 4/23/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 week from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|--------------------|-----|-------|---|------------|--------------|
| 1 | 1 | unit | 1.0 HP Water Pump (for shallow well) | 6,850.00 | 6,850.00 |
| 2 | 5 | rolls | 1" Teflon Tape | 20.00 | 100.00 |
| WARRANTY: 6 months | | | xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx | TOTAL | 6,950.00 |
| | | | Less: VAT (5%/1.12) | | 310.27 |
| | | | PR No. 19-0410-0222 | | |
| | | | PURPOSE: Replacement of Water Pump of the water line for PhilHealth Regional Office | TOTAL | 6,639.73 |

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.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

| | | |
|---|--|---|
| Certified Budget Available: _____ Funds Available in the amount of: <u>6,950.00</u> JOSE A. MONES Fiscal Controller III JANE C. RAGOS FCS IV / FMS Chief With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative: <u>Alberto C. Manduriao</u> Date: <u>4/23/19</u> | | APPROVED: _____ ALBERTO C. MANDURIAO Regional Vice President, PRO1 <u>4/23/19</u> Date |
|---|--|---|