e Philippines	е	1	of	public	Rep
---------------	---	---	----	--------	-----

PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupa



## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	ROBINSONS HANDYMAN, INC.	PO No.	2019-078
Address:	2nd Level Robinsons Place Calasiao, Pangasinan	Date:	4/24/2019
Tel.Fax No.:	517-4487	Terms of Payment:	COD
Supplier Reg	istered with: 003-888-229-074 VAT	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
	2	рс	Auto Supply Car Cleaner, multi-purpose, 20 oz	170.00	340.00
	1	рс	Auto Supply Seat Cover, fabric	3,600.00	3,600.00
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	3,940.00
	`		Less: VAT (5%/1.12)		175.89
			PR No. 19-0128-0096		
			PURPOSE: Procurement of First Quarter Auto Supplies for CY 2019	TOTAL - NET	3,764.11

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.

	Very truly yours,
	Division Chief IV / MSD Chief
Certified Budget Available: Funds Available in the amount of: 3, 40, 60   JOSE A. MONES JANE C. RAGOS   Fiscal Controller III FC IV / FMS Chief	APPROVED:
With in the COB: Expense Code: Bdget: Remarks:	ALBERTO C. MANDURIAO Regional Vice President, PRO1
Conforme: 	4/25/19
Signature over Printed Name and Position of Authorized Representative	Date