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

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MOSTACO MARKETING
Address: BF Resort Village, Las Pinas City
Tel.Fax No.: (02) 869-4770
Supplier Registered with: 915-524-116-000 VAT

PO No. 2019-079
Date: 4/24/2019
Terms of Payment: COD
Mode of Procurement: Shopping

Please deliver to this office within *20 days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,800	roll	PAPER Epson TM-788V Thermal 3-1/8 inch x 230' Paper (Item No. OS PAPER-016)	55.00	99,000.00
			xxxxxxxxxxxxxxxxxxxx Nothing follows xxxxxxxxxxxxxxxxxxx	TOTAL	99,000.00
			Less: VAT (5%/1.12)	4,419.64	
			EWT (1%/1.12)	883.93	5,303.57
			PR No. 19-0410-0223		
			PURPOSE: Procurement of first Quarter Supplies for CY 2019	TOTAL - NET	93,696.43

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,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:
JOSE A. MONES
Fiscal Controller III

Funds Available in the amount of
JANE C. BAGOS
FC IV / FMS Chief

With in the CCB
Expense Code
Budget
Remarks

Conforme:
Aimo Nunez
Signature over Printed Name and Position of Authorized Representative

Date: 4-24-2019

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
APR 26 2019
RECEIVED BY:

APPROVED:

ALBERTO C. MANDURIAO
Regional Vice President, PRO1

4/25/19

Date