



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

MAY 03 2019

POMM-P-006

PURCHASE ORDER

RECEIVED BY: MB

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MESSAGING SOLUTIONS PROVIDER, INC.

Address: MSPI Place, 1294 Batangas St., Makati City

Tel.Fax No.: (02) 844-6774; 844-6612 (T/F)

Supplier Registered with: 233-348-722 V

PO No. 2019-083

Date: 4/26/2019

Terms of Payment: COD

Mode of Procurement: Direct Contracting

Please deliver to this office within pick-up anytime upon availability of check from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	12	pc	INK CARTRIDGE Pitney Bowes Mailing Machine, Ink Cartridge (DM300C)	7,880.00	94,560.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	94,560.00
			Less: VAT (5%/1.12)	4,221.43	
			EWT ( 1%/1.12)	844.29	5,065.72
			PR No. 19-0410-0228		
			PURPOSE: Procurement of 2nd Quarter Supplies for CY 2019	TOTAL - NET	89,494.28

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 their 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 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: Funds Available in the amount of: 94,560.00

JOSE A. MONES  
Fiscal Controller III

JANE C. RAGOS  
FC IV / EMS Chief

With in the COB: MB

Expense Code: MB

Budget: MB

Remarks: MB

Conforme: MB

MARIA CORAZON E. WELCHON - MANAGER Date: April 26, 2019  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

ALBERTO C. MANDURIAO  
Regional Vice President

4-24-19

Date