·		N			
	ĩ			AUDIT TEAM R1-04 (PHIC Group)	
		PHILIPPINE HE	public of the Philippines ALTH INSURANCE CORPORATI rancisco Duque St., Tapuac District		
		Ρ	URCHASE ORDER	RECEIVED BY: 14 1127 pr	POMM-P- 006
			AINISTRATIVE SECTION GENER	AL SERVICE UNIT	

Supplier:	GAKKEN (Philippines), INC.	PO No.	2019-097
Address:	Dagupan City	Date:	5/9/2019
Tel.Fax No.:	522-3228 / 540-2056	Terms of Payment:	Charge
Supplier Regi	stered with: 004-475-204-004 V	Mode of Procurement:	Direct Contracting

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
`1	4	рс	INK for Duplo Machine L-520, DC-14 (600ml) (Item No. OS-037)	897.82	3,591.28
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	3,591.28
			Less: VAT (5%/1.12)		160.33
			PR No. 19-0410-0229		
	\$		PURPOSE: Procurement of 2nd quarter supplies for CY 2019	TOTAL	3,430.95

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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.

7 Partial delivery per item will not be accepted.

	THE AUTORITY OF THE	Very truly yours,
2 4	MARIMEL C. BRAVO	CYNTHIA S. SANTOS
	SCAL CONTROLINEY	Division Chief IV / MSD Chief
	Certified Budget Available: Funds Available in the amount of: 3, 59). 28	APPROVED:
	JOSE A. MONES JANE CIRAGOS	
	Fiscal Controller III FC IV / FMS Chief Marc	
	With in the COB:	BY THE AUTURDITY OF THE
	Expense Code:	OSEL OLIDIO
	Bdget:	División Chief IV
	Remarks:	
	Conforme:	
	Goin lincent the Novoiro Date: 5-19-19	
	Signature over Printed Name and Position of Authorized Representative	Date
		e