

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 8637-3158  
**PURCHASE ORDER**

Supplier: HIS BULACAN CORPORATION Purchase Order No.: 04-015-20  
 Address: 0441 Eno-Mag Subd. Banga 1st Flaridel Bulacan Date: April 20, 2020  
 Tel.Fax No.: 02-7262065/02-4153155 Term of Payment: C.O.D  
 Supplier Registered with PHILHEALTH Mode of Procurement: Emergency Purchase

GPPB Resolution No. 06, s. 2020  
 & GPPB CIRCULAR 01-2020

Please deliver to this office within As per schedule from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2,000	sets	PPE SUIT SET ) FOR PCARES ONLY 1 PC PPE SUIT 1 SET SAFETY GOOGLE/GLASSES 1 PC BOUFFANT CAP 1 PC FOOT COVER <i>ABC# 2020-01-046</i>	1,050.00	2,100,000.00
2	260,000	pcs	MEDICAL/SURGICAL FACE MASK 50 PCS/BOX = 5,200 BOXES 3 Fly Design/Disposable <i>2020-01-045</i>	20.00	5,200,000.00
3	600	BOX	MEDICAL/SURGICAL GLOVES 50 pairs or 100 pcs <i>2020-03-435                      2020-03-047</i>	350.00	210,000.00
					7,510,000.00
LESS: EWT 1% 67,053.57					
GMP 5% 335,267.86					402,321.43
					<b>7,107,678.57</b>
PR # 20-0032 dtd. 04-20-20 20-0034 dtd. 04-20-20 20-0030 dtd. 04-20-20 20-0035 dtd. 04-20-20					

**Terms & Conditions:**

1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged have been received by a representative either through fax or e-mail
3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
6. The contracting parties undertake to comply with Office order No. 0018-2015 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which 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.
7. In all cases, the request for extension should be submitted before the lapse of the original delivery date. The maximum allowable extension shall not be longer than the initial delivery period as stated in the original contract.

**04-075**

Very truly yours,  
  
**ATTY. MARY GRACE G. DELOS SANTOS**  
 Atty. IV, Acting Division Chief - SBAC 20040085

Certified Budget Available:	Funds Available in the amount of:	Php7,510,000.00	APPROVED:
 <b>MARILOU M. NAVARROZA</b> Division Chief IV		 <b>ALFREDO C. REYES JR.</b> Acting Division Chief	 <b>BGEN RICARDO C. MORALES, AFP (RET) FICPH</b> President and Chief Executive Officer HEAD OF THE AGENCY or Authorized Representative
Within the COB:	Expense Code:	Budget:	
	2020	50203080	
		7,510,000	
Remarks:	Change to Disaster Equip		
CONFORME: Signature of <u>Atty. Mary Grace G. DeLos Santos</u> Printed Name and Position of authorized representative			Received copy of P.O.: Date: