

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
Philhealth Regional Office VI, Gaisano City Mall Luna St., Iloilo City
Tel Nos. 501-9160 to 62, 501-9165 to 67 region6@philhealth.gov.ph
PURCHASE ORDER

Supplier: **FIL POWER GROUP AND MARKETING CORPORATION**
Address: **# 342 Rizal St., Lapuz, Iloilo**
Tel./Fax: **501-9972/338-3554/09985519350**
Supplier Registered with: **PhilHealth**

P.O. No: **62011-034**
Date: **November 5, 2020**
Terms of Payment: **30 Calendar Days**
Mode of Procurement: **NP-Small Value**
PR No. **0142-2020**

Tel./Fax:	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	Unit	1 LOT - OFFICE EQUIPMENT GENERATOR SET; 15 KVA		594,000.00
			Generator Set, 15 KVA (For PhilHealth Boracay)		
			3 years warranty for parts and services		
			See attached Technical Specifications		
			We require 1% Retention Money either in Cash or Bank Guarantee which the Supplier can claim back after expiry of 1 Year Warranty in compliance with Sec. 62.1 of IRR of RA 9184 and GPPB Resolution No. 30-2017. Such Warranty Security shall be complied with prior to payment.		
			Delivery Period: 45 calendar days upon receipt hereof		
			TOTAL		594,000.00

Terms and Conditions:

- 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.
- If the date of receipt of this Purchase Order/P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail.
- 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. All item(s) shall be delivered and accepted by the Procurement Section at 3rd Floor Gaisano City Mall Luna St., La Paz Iloilo City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- Payment shall be made in full subject to corresponding government taxes within thirty (30) calendar days upon receipt of Billing Statement and other relevant documents.
- 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, 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 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.

Very truly yours,

MARJORIE A. CABRIETO
MSD Chief

Certified Budget Available:	Funds available in the amount of: 594,000.00	APPROVED:
JOENEL A. AMPARO Fiscal Controller II	ROMELA A. DILAG CSIO/OIC-FMS	ATTY. VALERIE ANNE H. HOLLERO Attorney VI / Regional Vice President - PRO VI
Within the C.O.B.		
Expense Code:	166 05 020	
Budget:		
Remarks:		
CONFORME:	FIL POWER GROUP AND MARKETING CORPORATION Signature over Printed Name and Position of Authorized Representative	Received copy of P.O. on: Nov. 17, 2020 Date