



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

APR 20 2021

RECEIVED BY: 719 POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier:	GAKKEN (Philippines), Inc.	
Address:	Dagupan City	
Tel.Fax No.:	522-3228 / 540-2056	T
Supplier Registered with:	004-475-204-004 V	Mod

PO No. 2021\_009  
Date: 4/13/2021  
Payment: Charge  
Payment: 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	2	pcs	Sponge Roller	2,200.00	4,400.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxx	<b>TOTAL</b>	<b>4,400.00</b>
			Less: VAT (5%/1.12)		196.43
			PR No. 21-0331-0067 GSU-Records		
			PURPOSE: To be used for the duplicating machine	<b>TOTAL - NET</b>	<b>4,203.57</b>

**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 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 acknowledge to have been received by a representative either through fax or email.
- 3 For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 4 Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
- 5 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.
- 6 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.
- 7 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.**
- 8 Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF THE

**MARIMEL C. BRAVO**  
**FISCAL CONTROLLER II**

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 4,209.57

**JOSE A. MONES**  
Fiscal Controller III

EDWARD Q. ESPIRITU  
AO IV / OIC-OFMS Chief

With in the COB:	07/10/21
Expense Code:	5021305001
Budget:	A.400 -
Remarks:	MODE/AGS-65U

Conforme:

Eric Vincent R. Navarro Date: \_\_\_\_\_  
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

APR 15 2021

Date \_\_\_\_\_