

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NEW SIM TOO DEPARTMENT STORE

PO No. 2021_017

Address: AB Fernandez Ave., Dagupan City

Date: 4/28/2021

Tel.Fax No.: 523-0898

Terms of Payment: Charge

Supplier Registered with: 103-870-049-000 V

Mode of Procurement: Shopping

Please deliver to this office within 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	299	btl	MEDICAL SUPPLIES, Alcohol, 500ml	90.00	26,910.00
2	1	set	MEDICAL SUPPLIES, Emergency Kit	1,280.00	1,280.00
3	1	pc	MEDICAL SUPPLIES, Thermometer, Digital	120.00	120.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	28,310.00
			Less: VAT (5%/1.12)	1,263.84	
			EWT (1%/1.12)	252.77	1,516.61
			PR No. 21-0408-0088		
			PURPOSE: Medical Supplies for PRO 1 use	TOTAL	26,793.39

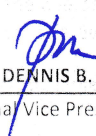
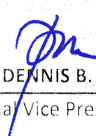
Terms & Conditions:

- 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 thier 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 - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>28,310-</u>		APPROVED: _____  DENNIS B. ADRE Regional Vice President, PRO1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <u>07 2021</u> Expense Code: <u>50103080</u> Bdgct: <u>28,310</u> Remarks: <u>MOORE/ACC/VARIOUS COST ON</u>		RECEIVED BY: <u>MB</u>  DENNIS B. ADRE Regional Vice President, PRO1
Conforms: <u>THOS, RA SM</u> Date: _____ Signature over Printed Name and Position of Authorized Representative		

