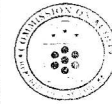


PURCHASE ORDER

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



MAY 27 2021

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

RECEIVED BY: *[Signature]*

PO No. 2021-023 *Send thru email*

Date: 5/17/2021

Terms of Payment: Charge

Mode of Procurement: Shopping

Supplier: MARIGOLD STORE
Address: AB Fernandez Ave., Dagupan City
Tel. Fax No.: 522-2328 / 522-0080
Supplier Registered with: 157-686-860-002 V

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	13	pc	CALCULATOR Desktop, compact, electronic, LCD display, 12 digits, two-way power source (solar and cell), with operating/ calculation guide	428.00	5,564.00
2	213	pc	CERTIFICATE HOLDER A4 size	34.00	7,242.00
3	1	pc	ERASER Felt, for blackboard/ whiteboard, Thickness: 19mm, Size: 122mm x 42mm	20.00	20.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	12,826.00
			Less: VAT (5%/1.12)	572.59	
			EWT (1%/1.12)	114.52	687.11
			PR No. 21-0428-0106		
			PURPOSE: For PRO Use	TOTAL	12,138.89

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 to 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,

[Signature]
CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 12,826

[Signature]
JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB: CY 2021

Expense Code: 5020201001

Budget: 12,826.00

Remarks: MODE/IMPRESS COST CTR.

Conforme: *[Signature]*
MARLO D. NOVALES

Date: 5/25/2021

Signature over Printed Name and Position of Authorized Representative

APPROVED:

[Signature]
DENNIS B. ADRE

Regional Vice President, PRO1

Date