COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUN 29 2021
RECEIVED BY: [signature]

91-1051

NATIONAL PRINTING OFFICE
RECEIVED BY:
JUN 28 2021
DATE:
RECORDS SEC. ADM. DIV.
21-06-313

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM P 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICES UNIT

Supplier: NATIONAL PRINTING OFFICE
Address: Edsa cor. NPO Rd., Diliman, Quezon City
Tel.Fax No.: (02) 925-2197
Supplier Registered with: 000-769-754 NV

PO No. 2021_035
Date: 6/22/2021
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Agency-to-Agency

Please deliver to this office within *pick-up by client* from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	book	CASH BOOK For regular Disbursement Officer (Gen. Form No. 103)	420.00	840.00
			******************** Nothing Follows ********************		
			PR No. 21-0521-0123		
			PURPOSE: for LVS use	TOTAL	**840.00**

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. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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**.
6. Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

National Printing Office
RECEIVED BY: [signature]
Date: 6/29/21 @ 8:35am

Very truly yours,

CYNTHIA SANTOS
Division Chief IV / MVD Head

Certified Budget Available: Funds Available in the amount of 840.-

Sales & Marketing Division
2021-06-0133

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO V / FMS Chief

APPROVED

MARICAR M. ARZADON, MD
Medical Officer VII - HCDMD

DENNIS B. ADRE
Regional Vice President, PRO I

ALOBS No.: 07 7021
Fund Code: 5020301001
Amount: 840.00
Unit: LICO / AS-GSU

NATIONAL PRINTING OFFICE
RECEIVED
by: [signature] Date: 6/28/21
Production Planning & Control Division

Conforme:

Sofia M. Batiiaran
Sales & Promotion Supervisor III

06.29.21 3:10pm
Date

Signature over Printed Name and Position of Authorized Representative

Date