



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
No. Commercial Bldg., Francisco Duque St., Taguig District, Dagupan City

POMM-P-006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MAGIC APPLIANCE CENTER NEPO MALL  
Address: Arellano St., Dagupan City  
Tel./Fax No.: 523-0717 / 600-8005  
Supplier Registered with: 004-008-166-010 V

PO No. 2021\_036  
Date: 6/23/2021  
Terms of Payment: Charge  
Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office within 7-15 days from receipt hereof the following:

| NO. | QTY  | UNIT | ITEM DESCRIPTION                                          | UNIT PRICE | TOTAL AMOUNT |
|-----|------|------|-----------------------------------------------------------|------------|--------------|
| 1   | unit |      | REFRIGERATOR, 8.0 cu ft. two-door, inverter, NO Frost     | 20,071.00  | 20,071.00    |
|     |      |      | XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | TOTAL      | 20,071.00    |
|     |      |      | WARRANTY : 1 year                                         | 896.03     |              |
|     |      |      | Less: VAT (5%/1.12)                                       | 179.21     | 1,075.24     |
|     |      |      | EWT (1%/1.12)                                             |            |              |
|     |      |      | PR No. 21-0521-0132                                       |            |              |
|     |      |      | PURPOSE: For PRO Use                                      | TOTAL      | 18,995.76    |

## 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 their 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.

Very truly yours,

*[Signature]*  
CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

|                                                                                                                           |                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|
| Confirmed Budget Available: _____ Funds Available to the amount of: <u>20,071.00</u>                                      |                                              | APPROVED<br><br><br><i>[Signature]</i><br>DENNIS B. ADRE<br>Regional Vice President, PRO1 |
| JOSE A. MONES<br>Fiscal Controller III                                                                                    | EDWARD Q. ESPIRITU<br>AD IV / OIC OFMS Chief |                                                                                           |
| With memo (20): <u>CY 2021</u><br>Expense Code: <u>10605020</u><br>Budget: <u>20,071.00</u><br>Remarks: <u>MAPE CAPEX</u> |                                              | Date: _____                                                                               |
| Conformed: <u>JULIAN B. DACORALIS</u><br><u>Sales Supervisor</u><br><u>Magic Appliances Center</u>                        |                                              |                                                                                           |
| Signature over Printed Name and Position of Authorized Representative                                                     |                                              |                                                                                           |