AUDIT TEAM R1-04 (PHIC Group)
JUL 07 2021
POMM-P-006
RECEIVED BY: [signature]

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PNU Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: LIMPAN COMMERCIAL
Address: 378 AB Fernandez Ave., Dagupan City
Tel.Fax No.: 523-0478
Supplier Registered with: 102-278-100-000 V

PO No. 2021_044
Date: 7/1/2021
Terms of Payment: Charge
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	150	pcs	FOLDER PRESSBOARD, plain, for letter size papers/documents	10.50	1,575.00
2	100	packs	PAPER VELLUM BOARD, 13x8, 10 pcs/pack	24.00	2,400.00
3	16	pcs	SIGN PEN Blue, liquid/gel ink, 0.5mm needle tip	23.00	368.00
4	15	pcs	SIGN PEN Red, liquid/gel ink, 0.5mm needle tip	23.00	345.00
5	2	pcs	STAMP PAD FELT 60 MM x 100 MM, metal case	30.00	60.00
6	1	pad	STICK-ON NOTE PAD3"x3", 76mm x 76mm (3x3), 70 gsm (min), 100 sheets per pad,	20.00	20.00
7	12	pcs	TAPE DISPENSER Heavy Duty for 24mm (1) width transparent tape	90.00	1,080.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	TOTAL	5,848.00
			Less: VAT (5%/1.12)		261.07
			PR No. 21-0618-0139		
			PURPOSE: For PRO I use	TOTAL	5,586.93

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

Very truly yours,

CYNTHIA B. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 5,848.-

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO-V / OIC-OFMS Chief

Within the COB: CY 2021
Expense Code: 50203010 01
Budget: 5,848.00
Remarks: MOOE / Various Cost CTR.

APPROVED:

JUL 06 2021

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD

DENNIS B. ADRE
Regional Vice President, PRO1

Conforme:

Rea Rodriguez / Acctg. staff Date: 7/07/21