

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARC'S ID HAUZ
Address: 89 F Don Manuel Agregado St., Quezon City
Tel./Fax No.: (02) 209-0224 / 741-3278 / 898-5580
Supplier Registered with: 900-941-912-009 V

ISSUANCE ON AUDIT
LAM R1-04 (PHIC Group)
JUL 16 2021
POMM-P-006
RECEIVED BY: [Signature]

PO No. 2021_049
Date: 7/6/2021
Terms of Payment: COD
Mode of Procurement: SHOPPING

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	roll		LAMINATING PATCH for DNP CX330 ID Card Printer, CY-R10FC-60,	20,000.00	40,000.00
1	roll		RE-TRANSFER FILM for ID Card Printer, CY3RA-100-1000 images/roll	15,000.00	15,000.00
750	pc		PRE-PRINTED ID for institution HCPs ID	20.00	15,000.00
1	roll		RIBBON For ID Card Printer DNP CX-D80 printing ribbon	25,000.00	25,000.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	95,000.00
			Less: VAT (5%/1.12)	4,241.07	
			EWT (1%/1.12)	848.21	5,089.28
			PR No. 21-0505-0117		
			PURPOSE: For PRO use	TOTAL	89,910.72

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

Confirmed Budget Available: Funds Available in the amount of: 95,000.00

JOSE A. MONES
Fiscal Controller III
EDWARD C. ESPIRITU
AO IV / OIC-OFMS Chief

Within the COB: CY 2021
Expense Code: 5020W100V
Budget: 95,000.00
Remarks: MOOE/SUPPLEMENTAL BUDGET

Confirms: [Signature]
JONATHAN LONG
SALES DIRECTOR/MARC'S ID HAUZ Date: JUL 9, 2021
Signature over Printed Name and Position of Authorized Representative

APPROVED:

[Signature]
MARICARM ARZADON, M.D.
Medical Officer VII - HCDMD
DENNIS B. ADRE
Regional Vice President, PRO1

Date