

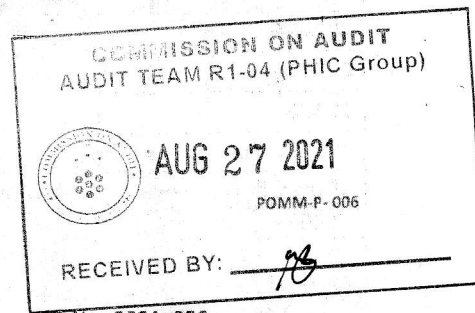


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
UNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

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



PO No. 2021_056

Date: 8/10/2021

Terms of Payment: Charge

Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	btl	INK for stamp pad with applicator, color: Blue	37.00	37.00
2	153	pc	MARKER PERMANENT PEN, Black, broad tip, non-toxic	34.00	5,202.00
3	77	pc	MARKER PERMANENT PEN, Blue, broad tip, non-toxic	34.00	2,618.00
4	18	pc	MARKER PERMANENT PEN, Red, broad tip, non-toxic	34.00	612.00
5	13	pc	PASTE Roll On	25.00	325.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	8,794.00
			Less: VAT (5%/1.12)		392.59
			PR No. 21-0623-0146		
			PURPOSE: For PRO 1 use	TOTAL	8,401.41

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,

CYNTHIA S. SANTOS

Division Chief IV / MSD, CDR

Certified Budget Available: Funds Available in the amount of: 8,794.

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

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

DENNIS B. ADRE
Regional Vice President, PRO1

Date