

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: L.U. JLB BATTERY PARTS SUPPLY

Address: Quezon Ave., Sevilla Norte, San Fernando City, La Union

Tel.Fax No.: (072) 888-2615

Supplier Registered with: 114-877-198-000 V

PO No. 2021 058

Date: 8/25/2021

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1 week from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	2SM MOTOLITE GOLD	6,050.00	6,050.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	6,050.00
			Less: VAT (5%/1.12)		270.09
			PR No. 21-0707-0155		
			PURPOSE: For LHIO La Union use, for Toyota Innova, SHU-882	TOTAL	5,779.91

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 Chief

Certified Budget Available: Funds Available in the amount of: <u>6,050</u>		APPROVED:	
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC Office of the FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1	
With in the COB: <u>CY 2021</u> Expense Code: <u>50213060</u> Budget: <u>6,050.00</u> Remarks: <u>MOB/ASZ-ASU</u>		By: <u>MB</u> MARICAR M. ARZADON, M.D. Medical Officer VII - HCDMD Date: <u>AUG 26 2021</u>	
Conforms: <u>CYNTHIA S. SANTOS</u> Date: <u>08-27-2021</u> Signature over Printed Name and Position of Authorized Representative		RECEIVED BY: <u>MB</u> COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) AUG 31 2021	