REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

| Supplier: | MES | SAGING SC | DLUTIONS PROVIDER, INC. Purchase Order No. | PO-202 | 2-008 |
|-------------------------------|--|--------------------------------|--|---|--------------------------------|
| Address: | MSPI | Place 1294 B | atangas St. San Isidro, Makati City, Date | June 17 | 2022 |
| Tel. Fax No | o.: | | Term of Payment: | CO |) |
| | | | Mode of Procurement: | Direct Contraction | ng (Section 50) |
| Supplier Re | egistered w | ith: PI | nilGEPS (Certificate Reference No. 20061137255425289473) | | |
| Gentlemen | : | | | | |
| Ple | ease delive | r the followi | ng article(s), product(s), supplies, or materials listed below, subject to the terms and o | conditions contained | herein: |
| Pleas | e deliver to | this office | within COD (Pick-up Item) from recei | pt hereof the follow | vina : |
| | | | | perioreal the follow | 9 |
| NO. | QTY | UNIT | ITEM DESCRIPTION | | TOTAL |
| | QII | ONT | TIEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
| 1 | 10 | PACKS | DOUBLE ADHESIVE TAPE | 1,411.20 | 14,112.00 |
| | | | 200 PCS./PACK, FOR PITNEY BOWES DM 300 | | |
| .* | | | 300 / 00/// 10// 10// 10// 10// 10// 10/ | * | |
| | | | | | |
| | | | | · [| 14,112.00 |
| | | | | | |
| | | | | | |
| | | | LESS: EWT 1% 126.00 GMP 5% 630.00 | | 756.00 |
| | | | | 1 - | 13,356.00 |
| | | | P.R. No./ Requesting Unit: | | 10,030.00 |
| | | | 22-0065 dtd. 06-03-22 - PRID | 1 | |
| | | | Total Amount in Words: Thirteen Thousand Three Hundred Fifty-Six Pesos Only | | |
| Terms & Co | nditions | 1 | | | |
| 1. MESSAGIN | NG SOLUTIO armed due t | o the willful, | R, INC. holds PHIC free and harmless from any claims, obligation or liability that may be cau: unlawful or negligent act or omission of MESSAGING SOLUTIONS PROVIDER, INC. or any of its nat PHIC may have against MESSAGING SOLUTIONS PROVIDER, INC. for, in relation to the impl | personnel or represe | ntative, without |
| | | | n an amount equivalent to 1/10 of one (1%) percent of the total value of undelivered order for | | |
| 3. If the date | e of receipt | of the Purch er through fa | ase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was | acknowledged to hav | e been received |
| | | - | be made within the prescribed schedule dates. Suppliers are advised to inform SBAC-Contrac | t Managament Toam | at land true (2) |
| days before | the delivery | . Use of elev | to made within the prescribed sciencia categories, suppress are advised to minim space-contract ator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). Room 1501 Citystate Ctr. Bldg., Pasig City. | . All item(s) delivered | I shall be |
| 5. Delivery F | Receipt and | Sales Invoice | shall be required for one-time complete delivery of the goods. | | |
| 6. Defective unit in case | | ole or non-co | mpliant goods as to specification when quoted shall be rejected and returned at the time of c | lelivery with provision | n for a back-up |
| incorporated juridical ent | l into this C ity, whether with any trar | ontract. No f r from the pu | to comply with Office Order No. 0018-2015 entitled (Reiteration of PhilHealth No Gift Policy PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any blic or private sector, at anytime, on or off the work premises where such gift is given in the h may affect the functions of their office or influence the actions of directors or employees, | person, group or asso course of official dut | ciation, or ies or which in |
| | | | ion should be submitted before the lapse of the original delivery date. The maximum allowab n the original contract. | le extension shall no | be longer than |
| | | | kind whatsoever shall arise between the parties in connection with the implementation of the dispute or difference by mutual consultation. | e contract, the partie | s shall make |
| | (| 16 - | 3 / 6 | <u> </u> | |
| CONFORME: | | P | Received copy of P.O.: Jray M. Villary Signature over Printed Name and osition of Authorized Representative | 0/28/2023 Date | L |

REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

| Address: | | DER, INC. | _ Purchase Order No.: | PO-2022-008 | |
|---|--|--|--|---|--|
| | MSPI Place 1294 Batangas St. San Isida | o, Makati City | _ Date: | June 17, 2022 | |
| Tel. Fax No.: | | | Terms of Payment: | COD | |
| | | | Mode of Procurement: | Direct Contracting (Section 50 | |
| Supplier Registe | ered with: PhilGEPS (Certificate | Reference No. 20061137255425289473) | | | |
| Gentlemen: Please | deliver the following article(s), produ | uct(s), supplies, or materials listed below | w, subject to the terms and co | onditions contained herein | |
| | liver to this office within | COD (Pick-up Item) | | t hereof the following | |
| | | | | | |
| Terms & Conditio | ons: | | | | |
| Any legal action, otherwise known | suit or proceeding arising out of or rela as the "Arbitration Law" and R.A. 9285, | ting to the Contact shall be submitted to a otherwise known as the "Alternative Dispu | rbitration in the Philippines acco | rding to the provisions of RA. 876, | |
| Whenever necess | ary to promote arbitration or to seek in | dicial relief, PHIC and MESSAGING SOLUTICed in any competent court in Pasig City, to | NIS DROVIDED INC. | ny legal action, suit or proceeding equal jurisdiction. | |
| minition to attorn | ievs tees aliu uuuloaten namages eninva | to commence arbitration or to seek judicia alent to ten percent (10%) and fifteen (15% from the cost of arbitration or litigation, w | \ rorportivolu of the sentus at a | | |
| 1. FEFFCTIVITY | CLAUSE This agreement shall take offer | et upon signium banasé bustos David. | | | |
| 1. EFFECTIVITY (If its obligations (| CLAUSE. This agreement shall take effe upon the acceptance of PHIC Purchase C | 6 | truly yours, JOSEPH | , INC. shall commence performanc | |
| 11. EFFECTIVITY (of its obligations (| upon the acceptance of Pric Purchase C | order. | truly yours, JOSEPH | dr- | |
| ertified Budget Avail F-A — THE | 0 6 - 3 4 6 15 | r Very | JOSEPH 6—Hea | VERGARA DPh. V. | |
| ertified Budget Avail 3-Ad THE F | Able: Funds Available in the author M. T-MGERESE M. TINDOY | To very mount of: ROMMEL C. REYES | truly yours, JOSEPH 6- Hea APPROVED: | VERGARA DPh. A. SBAC V. TULIAO | |
| ertified Budget Avail J-A THE F //ithin the COB: | Funds Available in the all Fiscal Controller File Funds Available Funds Av | To very mount of: ROMMEL C. REYES | Truly yours, JOSEPH O- Hea APPROVED: LOYITA Senior M: | V. TULIAO | |
| rertified Budget Avail — THE F //ithin the COB: xpense Code: udget: | Funds Available in the and RESE M. TINDOY Fiscal Controller III 2022 5020301001 STORMATO P 14,112.00 | To very mount of: ROMMEL C. REYES | JOSEPH O | VERGARA DPh. V. SBAC | |
| Fithin the COB: | Funds Available in the and RESE M. TINDOY Fiscal Controller III 2022 502030001 STORMAND | To very mount of: ROMMEL C. REYES | JOSEPH O | V. TULIAO Inager, PRID THE AGENCY | |
| Certified Budget Avail THE F Within the COB: Expense Code: Budget: Remarks: O | Funds Available in the and RESE M. TINDOY Fiscal Controller III 2022 5020301001 STORMATO P 14,112.00 | To very mount of: ROMMEL C. REYES | JOSEPH O-Hea APPROVED: LOVITA Senior Matherize | V. TULIAO Inager, PRID THE AGENCY | |
| Certified Budget Avail THE F Vithin the COB: Expense Code: Sudget: | Funds Available in the and RESE M. TINDOY Fiscal Controller III 2022 5020301001 STORMATO P 14,112.00 | To very mount of: ROMMEL C. REYES | JOSEPH O | V. TULIAO Inager, PRID THE AGENCY | |