

PHILIPPINE HEALTH INSURANCE CORPORATION

## PURCHASE ORDER



PO No. 2022\_015

OFFICE/DEPARTMENT, ADMINISTRATIVE SECTION GENERAL SERVICE UNIT

Supplier: Address

VINZ IHAW-IHAW SA PANDAYAN

Pandayan, Pob. Alaminos, Pangasinan

Tel.Fax No.: 9082531301

Supplier Registered with: 927-796-869 NV

Date: 4/7/2022 Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Small Value Procurement

Please deliver to this office within 10 days from receipt hereof the follow

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
ı	25	packs	Crackers	70.00	1,750.00
2	250	pcs.	Coffee	10.30	2,575.00
3	250	pcs.	Juice	9.00	2,250.00
4	52	packs	Candies	48.00	2,496.00
5	10 -	packs	Cups for Drinking Water	33.00	330.00
6	5	packs	Cups for Coffee	42.00	210.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	9,611.00
			Less: VAT (1%)		96.11
			PR No. 22-0401-009\$ (5029901002)		7
			PURPOSE: Customer's Delight for LHIO Western Pangasinan	TOTAL	9,514.89

- 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 recents should be submitted by the supplier
- 3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of Philhlealth No Gift Policy (Revision 1) which is deemen 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 dubies 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 Philliealth 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

AS. SANTOS extified Budget Available APPROVED JOSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III APR 0 8 2022 ACIV / OIC-OFMS Chief MARICAR M. ARZADON, M.D. With in the COR Medical OFFINAMIAMICOMD Expense Code Sagat Remarks Canforme Maylan WM. alderos Date: 04-124 Name and Position of Authorized Representative