

Date:
Signature over Printed Name and Position of Authorized Representative

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bldg. Old De Venecia Highway, Lucao, Dagupan City

POMN -P- 006

PURCHASE ORDER

1 8 pcs. Ink for Epson Inkjet Printer T6641, Black 245.00 2 8 pcs. Ink for Epson Inkjet Printer T6642, Cyan 275.00 3 8 pcs. Ink for Epson Inkjet Printer T6644, Yellow 275.00 4 8 pcs. Ink for Epson Inkjet Printer T6643, Magenta 275.00	Fax No.: 0 plier Regist Please deliv QTY	075-529-08. tered with: iver to this o	21 431-460-961-000 V Mod office within 30 days from receipt hereof the following: ITEM DESCRIPTION	Terms of Payment:	Charge
Supplier Registered with: 431-460-961-000 V 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 AMM 1 8 pcs. Ink for Epson Inkjet Printer T6641, Black 245.00 2 8 pcs. Ink for Epson Inkjet Printer T6642, Cyan 275.00 3 8 pcs. Ink for Epson Inkjet Printer T6644, Yellow 275.00 4 8 pcs. Ink for Epson Inkjet Printer T6643, Magenta 275.00 XXXXX Nothing Follows XXXXX Less: TOTAL VAT (5%/1.12) PR No. 22-0406-0096 (5020301002) For PRO1 use- 2nd Qtr. CM_PRO1 2022-008 CY 2022 APP Amendment Botch 1 TOTAL - NET 8, 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 delimposed. 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipt submitted by the supplier. 3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group association 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 conary 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 PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-cash to charact which payment and the found of payment and the properties the full defined of payment and the properties when the properties of the course of accomplete or non-cash the phyllite of the full the payment and the payment a	Please deliv	tered with: iver to this o	office within 30 days from receipt hereof the following: ITEM DESCRIPTION		
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