



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Akia Bldg., Old De Venecia Highway, Lucena, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**

Address: **A.B. Fernandez Avenue, Dagupan City**

Tel.Fax No.: **522-2328**

Supplier Registered with: **157-686-860-000 V**

PO No. **2022_033**

Date: **5/20/2022**

Terms of Payment: **Charge**

Mode of Procurement: **Shopping**

Please deliver to this office within 15-30 days from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	208	PC	CERTIFICATE HOLDER A4 Size	40.00	8,320.00
2	33	JAR	GLUE All purpose in jar with applicator, mn. of 200 grams	45.00	1,485.00
3	13	BOT	INK for stamp pad with applicator, color: Black	37.00	481.00
4	8	BOT	INK for stamp pad with applicator, color: Blue	37.00	296.00
5	82	PC	MANILA PAPER 60 gsm, thickness: 0.014mm min, dimension: 1200mm x 900mm min, 10 sheets per sleeve	5.00	410.00
6	3	PC	MARKER Metallic, Gold, Big	90.00	270.00
7	3	PC	MARKER Metallic, Silver, Big	90.00	270.00
8	55	BOX	RUBBER BAND Small, weight approx. 30grams	10.00	550.00
9	3	PC	WALL CLOCK	258.00	774.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	12,856.00
			PR Nos. 22-0425-0112 (5020301001)		
			Less: VAT (5%/1.12)	573.93	
			EWT (1%/1.12)	114.79	688.72
			PURPOSE: For PRO 1 use, CY2022 APP AMENDMENT BATCH 3	TOTAL - NET	12,167.28

Terms & Conditions:

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
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
4. 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
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
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.
7. Partial delivery per item will not be accepted.

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



JUN 01 2022

RECEIVED BY: as

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:

Funds Available in the amount of 12,856

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

Date: 05-31-22

APPROVED:

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD
DENNIS B. ADRE

Regional Vice President, PRO1

Date