

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CARRIED LUMBER PO No. 2022 036
 Address: MH Del Pilar St., Dagupan City Date: 5/24/2022
 Tel. Fax No.: 075-522-3209 Terms of Payment: Charge
 Supplier Registered with: 000-250-364-000 V Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	pc	HARDWARE SUPPLY BLADE for Hacksaw, standard	60.00	120.00
2	2	pc	ADAPTER, Universal	50.00	100.00
3	3	pc	Grinding disk	45.00	135.00
XXXXXXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX				TOTAL	355.00
PR Nos. 22-0425-0111 (50203990)					
Less: VAT (5%/1.12)				15.85	
PURPOSE: For PRO 1 use, CY 2022 APP AMENDMENT BATCH 3				TOTAL - NET	339.15


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.

Very truly yours,

[Signature]
CYNTHIA S. SANTOS
 Division Chief IV / MSO Chief

Certified Budget Available: Funds Available in the amount of: <u>339.15</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With in the COB: <u>CY 2022</u> Expense Code: <u>50203990</u> Budget: <u>339.00</u> Remarks: <u>MOBILE / VARIOUS COST CENTER</u> Conforms to: <i>[Signature]</i> Date: <u>05/27/2022</u> Signature over Printed Name and Position of Authorized Representative	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1 Date
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COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

JUN 09 2022
 RECEIVED BY: *[Signature]*