



PHILIPPINE HEALTH INSURANCE CORPORATION  
AKIA Bldg., Old De Venecia Highway, Lucao, Dagupan City

POMM-P-006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **CJ FERNANDEZ ENTERPRISES INC.**

PO No. **2022\_039**

Address: **Lucao District, Dagupan City**

Date: **6/6/2022**

Tel. Fax No.:

Terms of Payment: **Charge**

Supplier Registered with: **000-279-453-006 VAT**

Mode of Procurement: **Negotiated Procurement-  
Small Value Procurement**

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	2SM Battery	6,850.00	6,850.00
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	<b>Total</b>	<b>6,850.00</b>
			<b>Less: VAT (5%/1.12)</b>		<b>305.80</b>
			<b>PR No. 22-0524-0132 (50213060)</b>		
			<b>PURPOSE: For Toyota Hiace Grandia SHY-918</b>	<b>TOTAL</b>	<b>6,544.20</b>

## Terms & Conditions:

- 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.
- If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or email.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled **"Reiteration of PhilHealth No Gift Policy (Revision 1)"** which is deemed 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 duties 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.
- 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 specification when quoted.
- 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**.
- Deliveries should be made within **8:00AM to 3:00PM** on working days on or before the date stipulated in the PO.

Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

<p>Is Available in the amount of: <b>6,850.00</b></p> <p>By the Authority of the FMS Chief:</p> <p><b>MARIMEL C. BRAVO</b> <b>EDWARD Q. ESPERITU</b> Fiscal Controller III AO IV / OIC-OFMS Chief <b>JOSE A. MONES</b> Fiscal Controller III</p> <p>With in the COB: <b>CY2022</b></p> <p>Expense Code: <b>50213060</b></p> <p>Bdget: <b>6850</b></p> <p>Remarks: <b>AC5/654</b></p> <p>Conforme: <b>6/8/22</b> Date: _____</p> <p>Signature over Printed Name and Position of Authorized Representative</p>		<p>APPROVED:</p> <p><b>MARICAR M. ARZADON, M.D.</b> Medical Officer, VII - HCDMD DENNIS B. ADRE Regional Vice President, PRO1</p> <p>Date: _____</p>
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