

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **AZIACARE MEDICAL TRADING & SERVICES**
Address: **Arellano St., Dagupan City**
Tel.Fax No.: **09760118258**
Supplier Registered with: **184-870-372-000 V**

PO No. **2022_042**
Date: **6/7/2022**

Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 7 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|--------------|
| 1 | 1 | unit | Sphygmomanometer Manual: Aneroid Manual (Gauge Type) with long arm cuff | 1,300.00 | 1,300.00 |
| 2 | 1 | unit | Stethoscope 28 inches, soft-sealing eartips eartips provide an excellent acoustic seal and comfortable fit, angles eartubes align with ear canals | 500.00 | 500.00 |
| | | | xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx | Total | 1,800.00 |
| | | | Less: VAT (5%/1.12) | | 80.36 |
| | | | PR No. 22-0524-0136 (50203080) | | |
| | | | PURPOSE: Semi-Expendable Medical Equipment for PRO 1 use | TOTAL | 1,719.64 |

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 imposed.
2. 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.
3. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
4. Delivery Receipt and/or Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
6. 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.
7. 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.
8. 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 / MSE Chief

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| <p>STAFF AUTHORITY OF THE</p> <p>MARIMEL C. BRAVO EDWARD Q. ESPIRITU Fiscal Controller III AO IV / OIC-OFMS Chief</p> <p>JOSE A. MONES Fiscal Controller III</p> <p>With in the COB: <u>CY2022</u> Expense Code: <u>50203080</u> <u>STOB 10</u> Budget: <u>1800</u> Remarks: <u>CD CHIO</u></p> <p>Conforme: <u>JOSEFINA S. MENES</u> Date: <u>6/13/22</u> Signature over Printed Name and Position of Authorized Representative</p> | | <p>APPROVED:</p> <p>MARICARM ARZADON, M.D. Medical Officer VII - HCOMD DENNIS B. ADRE Regional Vice President, PRO1</p> <p>Date: <u>JUN 08 2022</u></p> |
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