

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION GENERAL SERVICES UNIT

Supplier: UPLITE GENERAL MERCHANDISE
Address: 3 C Buenaventura Street, Pasay City, Metro Manila
Tel./Fax No.: 9475667931 / 09392607778
Supplier Registered with: 914-392-809-000 V

PO No. 2022_046

Date: 6/16/2022

Terms of Payment: COD

Mode of Procurement: Negotiated Procurement -
Small Value Procurement

Please deliver to this office within 45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Tools, Electrical Digital Clamp Ammeter; LCD Display, 0 to 600A, 10 to 1000V readings, complete with resistance & frequency measurements	2,376.00	2,376.00
2	1	unit	Projector Screen Tripod: Size, 70" x 70", heavy duty aluminum extruded legs, adjustable screen height and built in lock	5,000.00	5,000.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx	Total	7,376.00
			Less: VAT (5%/1.12)		329.28
			PR No. 22-0526-0138 (S020321002)		
			PURPOSE: Procurement of Semi-Expendable Office Equipment, Item No.1 for A35, Item No. 2 for HCDMD	TOTAL	7,046.71

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 acknowledged 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 to be incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or institution, 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-compliance with 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 / NASSO Case

Certified Budget Available: <u>Funds Available in the amount of: 7,376</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With in the COB Expense Code: <u>CY2022</u> <u>5620321002</u> Budget: <u>7376</u> Remarks: <u>VANDUE COST CENTER</u> Comments: <u>Kapoor Mina</u> Date: <u>July 06, 2022</u> Signature over Printed Name and Position of Authorized Representative	APPROVED <u>Dennis B. Adre</u> DENNIS B. ADRE Regional Vice President, PRO1
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