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PURCHASE ORDER

Supplier: DAGUPAN AUDIO ELECTRONICS & ELECTRICAL MSG.

PO No. 2022 048

Address: Herrero St., Dagupan City, Pangasinan

Date: 6/21/2022

Tel.Fax No.: (075) 522-6787

Terms of Payment: Charge

Supplier Registered with: 102-278-886-001 V

Mode of Procurement: Negotiated Procurement.

Small Value Procurement

Please deliver to this office within 15-20 days from receipt hereof the following:

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 shall 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 juridical 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.

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,

Certified Budget Available: Funds Available in the amount of: 4,020 -

EDWARD Q. ESPIRITU
AO IV / OIC-DEMS Chief

With in the COE.

Expense Code

Budget

Summaries

Conforme

APPROVED:

By the Authority of the RVF:

JOSEPHINE O. GUTTON

DIVISION CHIEF - FOD
DENNIS B. ADRE

Regional Vice President, PROI

Signature over Printed Name and Position of Authorized Representative

Date: JUNE 28, 2012

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

JUN 28 2022

RECEIVED BY: