PHILIPPINE HEALTH INSURANCE CORPORATION

ABIA Bldg., Old De Venecia Highway, Lucao, Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: LIMPAN COMMERCIAL
Address: AB Fernandez Ave., Dagupan City, Pangasinan
Tel.Fax No.: (075) 523-7399
Supplier Registered with: 102-278-100-000 V

PO No. 2022_051
Date: 6/28/2022
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office 30 - 49 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6000	set	Corrugated Box	43.25	259,500.00
			Specs: Body: HSC, OD: 350# CB Flute, O color print, Glue Joint 387 x 293 x 265mm Cover: SPI of 175# B-Flutem, O color print knock, 400 x 293 x 64mm		
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxx	Total	259,500.00
			Less: VAT (5%/1.12)		11,584.82
			EWT (1%/1.12)		2,316.96
			PR No. 22-0617-0159 (5020301001)		
			PURPOSE: For PRO 1 use (from APP Amendment Batch 4)	TOTAL	245,598.22

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 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.

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 / MSD Chief

THE AUTHORITY OF THE
Certified Budget Available
6/29/22
ARIMEL G. BRAVO
SCAL CONTROLLER II

Funds Available in the amount of: 259,500.00
By the Authority of the FMS Chief
EDWARD O. ESPIRITU
AO IV / OIC-OFMS Chief
JOSE A. MONES
Fiscal Controller III

With in the CDB: CY2022
Purchase Code: 5020301001
Total: 259,500
Remarks: VARIOUS COST CTR

APPROVED:
By:
JUN 29 202
MARICAR M. ARZADON, M.D.
Medical Officer VII - MCDMD
DENNIS B. ADRE
Regional Vice President, PRO1

Conforme:
Rea Rodriguez / Sales Representative
Date: 6-30-22
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
Date
JUL 01 2022
RECEIVED BY: