

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SIM MEDICAL SUPPLIES

Address: A.B. Fernandez Avenue, Dagupan City

Tel.Fax No.: 075-523-3081

Supplier Registered with: 313-337-922-001 V

PO No. 2022_059

Date: 7/15/2022

Terms of Payment: Charge

Mode of Procurement: Shopping

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc.	Medical Supplies, Blankets	300.00	300.00
2	1	pack	Medical Supplies, Cottonbuds, 200 tips/pack	26.00	26.00
3	2	pcs.	Medical Supplies, Thermometer, Digital	140.00	280.00
4	37	roll	Medical Supplies, Tissue Roll 3 ply	15.00	555.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	Total	1,161.00
			Less: VAT (5%/1.12)		51.83
			PR No. 22-0425-0110 (50203080)		
			PURPOSE: For PRO 1 use, APP Amendment Batch 3	TOTAL - NET	1,109.17

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

Certified Budget Available: Funds Available in the amount of: <u>1,161.00</u> By the Authority of the FMS Chief: <u>JOSE A. MONES</u> 5/18 JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief With in the COB: <u>CV2022</u> Expense Code: <u>5020 30 80</u> Budget: <u>1161</u> Remarks: <u>ASS - GCU</u>		APPROVED: <u>BT</u> <u>JOY</u> JUL 18 2022 MARICARM. ARZADON, M.D. Medical Officer - VII - HCDMD DENNIS B. ADRE Regional Vice President, PRO1
Conforms: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative		Date: <u>8/9/22</u>

