11157

PHILIPPINE HEALTH INSURANCE CORPORATION
Asia Bldg., Ole De Veyenda Highway, Lucao, Dagupan City

POMM P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: BEST SHOT PRINTING
Address: 109 Kamias Road, Quezon City
Tel./Fax No.: (02) 924-2548/ 435-0772 (telefax)
Supplier Registered with: 165-436-365-000 V

PO No. 2022_060
Date: 7/27/2022
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 30 days working days upon approval of sample proofing from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,500	pcs	CY 2023 Promotional Wall Calendar	215.00	322,500.00
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	Total	322,500.00
			Less: VAT (5%/1.12)		14,397.32
			EWT (1%/1.12)		2,879.46
			PR No. 22-0713-0184 (S029901002)		
			PURPOSE: Corporate giveaways/ promotional items for PhilHealth Members/ Employers/ Stakeholders/ Partners.	TOTAL - NET	305,223.22

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.
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 V / MSD Chief

Certified Correct by the Authorized Official:

JOSE A. MARIEL C. BRAVO
Fiscal Controller III

Funds Available in the amount of 322,500.00

EDMUND Q. ESPIRITU
Fiscal Controller III / OIC-ORMS Chief

JOSE A. MONES
Fiscal Controller III

With in the CDA: CY2022
Expense Code: 5029901002
Project: 322500
Remarks: PAU

Conforme:

EMILY E. ESTRADA
Signature over Printed Name and Position of Authorized Representative

8-3-2022
Date:

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

Date

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

AUG 11 2022

RECEIVED BY: