Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
(A Wholly Government Owned and Controlled Corporation)

FORM P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **DEPENDABLE PACKAGING AND PRINTING HOUSE CORP**
Address: **#70 S.Donesa St., Brgy. Canumay West, Valenzuela City**
Tel.Fax No.: **(632) 8292-7959/ 8293-2053/ 3456-7126**
Supplier Registered with: **004-609-386-000 V**

PO No. **2022_068**
Date: **8/15/2022**
Terms of Payment: **COD**
Mode of Procurement: **Negotiated Procurement-Small Value Procurement**

Please deliver to this office **14** calendar days upon approval of proofing from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300,000	pcs	Member ID Card	0.39	117,000.00
			xxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	**TOTAL**	117,000.00
			Less: VAT (5%/1.12)		5,223.21
			EWT (1%/1.12)		1,044.64
			PR No. 22-0801-0201 (50299020)		
			PURPOSE: For Membership Section use	TOTAL	110,732.15

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 hereby incorporated 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 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 to 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

Certified Budget Available: Funds Available in the amount of 117,000.00

JOSE L. MOMES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / DIC-OFMS Chief

Walk-in the COB: CY 2022
Expense Code: 50299020 SOB 1
Budget:
Remarks: 117000 MEMSEC

APPROVED:

AUG 16 2022

MARICAR M. ARZADON, M.D.
Medical Officer VII - HCDMD
DENNIS B. ADRE
Regional Vice President, PRO1

Conforme:

RHOWENA ACUÑA
Signature over Printed Name and Position of Authorized Representative

Date: 8.17.22

Date

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

AUG 17 2022

RECEIVED BY: