

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: UPSON INTERNATIONAL CORPORATION  
Address: Robinsons Place, San Miguel Calasiao, Pangasinan  
Tel. Fax No.: 075-523-1683  
Supplier Registered with: 004-780-008-136 V

PO No. 2022-006  
Date: 3/18/2022  
Terms of Payment: COD  
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	pcs.	INK for HP Deskjet IA 5075 Printer, Black, 680	500.00	4,000.00
2	8	pcs.	INK for HP Deskjet IA 5075 Printer, Tri-Color, 680	500.00	4,000.00
			xxxxx Nothing Follows xxxxx		
			Less:		
			VAT (5%/1.12)		357.14
			PR No. 22-0310-0061 (5020301002)		
			PURPOSE: For PRO 1 use, 1st Qtr. APP Amendment Batch 1		
			TOTAL		8,000.00
			TOTAL - NET		7,642.86

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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 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 their 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>8,000.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPINOSA AQ IV / OIC-OFMS Chief
With in the COB: <u>2022</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5020301002</u>	MAR 21 2022
Budget: <u>8000</u>	MANICAR M. ARZADON, M.D. Medical Officer VII - HCDMD
Remarks: <u>MODE/TIER 2</u>	Date
Conforme: <u>[Signature]</u>	
<u>ROSE L. BANDOY/OIC</u> Date: <u>03/29/22</u>	
Signature over Printed Name and Position of Authorized Representative	

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



MAR 29 2022

RECEIVED BY: [Signature]