

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 ARLA Bldg., Old Orla Manila Highway, Lucena, Quezon City

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARCO'S ID HAUS**
 Address: **88 F Don Manuel Agregado St., Quezon City**
 Tel/Fax No.: **(02) 708-0124 / 741-9278 / 898-5580**
 Supplier Registered with: **900-941-812-009-V**

PO No: **2022-072**

Date: **8/30/2022**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement - Small Value Procurement**

Please deliver to this office within / available for pick-up from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	PCS	Pre-printed ID for Institutional HCPS ID	20.00	20,000.00
			Less: VAT (5%/1.12)	892.86	
			EWI (1%/1.12)	178.57	
			PH No. 22-0625-0218 (5020301001)		
			PURPOSE: For P.O. Auto App Amendment RORAS		
			TOTAL		18,928.57

Terms & Conditions:

- Supplier shall 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 defective 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 within three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 5:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA A. SANTOS
 Division Chief IV / ASAC Chief

Certified Budget Available: Funds Available in the amount of: 21,028 JOSE A. MONES Fiscal Controller III EDWARD Q. ESPINOSA AD-IV / Policy & Finance Chief Approved by: SEP 1, 2022 Signature over Printed Name and Position of Authorized Representative: JONATHAN LONG Date: SEP 1, 2022	APPROVED: DEAN S. ADRO Regional Vice President (PASA) SEP 1, 2022
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COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



SEP 05 2022

RECEIVED BY: **[Signature]**