



POMM-P- 006

## PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

**Supplier:** ALLIEDSAN SAFETY PRODUCTS  
**Address:** Mayombo District, Dagupan City, Pangasinan  
**Tel.Fax No.:** (075) 529-2160/ 0926-4004576  
**Supplier Registered with:** 103-934-200-002 V

**PO No. 2022\_081**

Date: 10/4/2022

**Terms of Payment: Charge**

**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	46	units	Fire Extinguisher Refill, 10lbs. (Red) - One (1) year warranty	475.00	21,850.00
2	5	units	Fire Extinguisher Refill, 10lbs. (Green) - Five (5) years warranty	3,000.00	15,000.00
			xxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	<b>Total</b>	<b>36,850.00</b>
			<b>Less: VAT (5%/1.12)</b>		<b>1,645.09</b>
			<b>EWT (1%/1.12)</b>		<b>329.02</b>
			<b>PR No. 22-0921-0248 (5020301001)</b>		
			<b>PURPOSE: For PRO 1 use, APP Amendment Batch 8</b>	<b>TOTAL - NET</b>	<b>34,875.89</b>

**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 IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 36,850

**JOSE A. MONES**

EDWARD Q. ESPIRITU

Fiscal Controller III

AO IV / OIC-OFMS Chief

With in the COR:

Expense Code:

**Bdget:**

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

By the Authority of the RVP:

JOSEPHINE O. QUITON

Division Chief - FOD

DENNIS B. ADRE

Regional Vice President, PRO1

Date \_\_\_\_\_

