

PHILIPPINE HEALTH INSURANCE CORPORATION

AKIA Bldg., Old De Venecia Highway, Lucao, Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: Address: **Dagupan City**

Tel.Fax No.: 515-3306 / 522-3267 / 09175566391

Supplier Registered with: 002-332-000-021 V

COPYLANDIA OFFICE SYSTEMS CORPORATION

PO No. 2022_117

Date: 11/23/2022 Terms of Payment: Charge

Mode of Procurement: Direct Contracting

Please deliver to this office within 10 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|-------|----------------------------------|-------------|--------------|
| 1 | 5 | tubes | Ink Comcolor Black FW | 14,500.00 | 72,500.00 |
| | | | xxxxxx Nothing Follows xxxxx | TOTAL | 72,500.00 |
| | | | Less: VAT (5%/1.12) | | 3,236.61 |
| | | | EWT (1%/1.12) | | 647.32 |
| | | | PR No. 22-1026-0269 (5020301001) | | |
| | | | PURPOSE: For PRO 1 use | TOTAL - NET | 68,616.07 |

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. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. 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.
- 4 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.
- 5 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.
- 6 Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the Authority of the Chief, MSD

Very truly yours,

| | Division Chief IV / MSD Chief |
|---|-------------------------------|
| Certified Budget Available: Funds Available in the amount of: 14, 300 | APPROVED: |
| JOSE A. MONES EDWARD Q. ESPIRITU | |
| Fiscal Controlfer-III AO IV / OIC-OFMS Chief | |
| With in the COB: CY2022 | I m |
| Expense Code: 5026 30100 / | DENNIS B. ADRE |
| Remarks: YANJOU OS COST GR | Regiona Vice President, PRO1 |
| Conforme: | |
| hondres sommo Date: 11/25/2007 | B |
| Signature over Printed Name and Position of Authorized Representative | Date |

COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) NOV 25 2022

RECEIVED BY:

4 -