

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **ROBINSONS HANDYMAN INC.**
Address: **San Miguel, Calasiao, Pangasinan**
Tel. Fax No.: **9988465526**
Supplier Registered with: **003-888-229-074 V**

PO No. **2022_124**
Date: **11/25/2022**
Terms of Payment: **COD**
Mode of Procurement: **Shopping**

Please deliver to this office within 30 days or pick-up upon check payment from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	Wall Bracket for LCD TV, 43"-49"	1,150.00	2,300.00
2	7	pcs.	Surge Protector with extension cord, 5-6 Holes	770.00	5,390.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	7,690.00
			PR Nos. 22-1110-0295 (5020301001)		
			Less: VAT (5%/1.12)		343.30
			PURPOSE: For PRO 1 Use	TOTAL - NET	7,346.70

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
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax records should be
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
- 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
- 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
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

By the authority of the MSD Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ

Certified Budget Available: Funds Available in the amount of: 7,690		APPROVED:
JOSE A. MORALES Fiscal Controller III	EDWARD Q. ESPIRITU AQ IV / OIC-OFMS Chief	 DENNIS B. ADRE Regional Vice President, PRO1 JANETTE C. MANACOS, INC. MEDICAL SPECIALIST IV Date: 12/28/2022
With in the COB: CY2022	Expense Code: 5020301001	
Bdget: 7690	Remarks: VARIOUS COST CTR	
Conforme:	Date: 12/3/2022	
Signature over Printed Name and Position of Authorized Representative		Date

