

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **HAPPY HOUSE PRINTWORKS**

Address: **Cruz Bldg., Galvan St., cor. Perez Bldg., Dagupan City**

Tel.Fax No.: **9365052567**

Supplier Registered with: **497-639-451-000 NV**

PO No. **2022\_125**

Date: **11/26/2022**

Terms of Payment: **COD**

Mode of Procurement: **Negotiated Procurement**

**Small Value Procurement**

Please deliver to this office within 21 days or pick-up upon check payment from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,034	pcs.	Pouch, size: 22cm x 12cm	65.00	67,210.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>67,210.00</b>
			PR Nos. 22-0909-0229 (5029901002)		
			Less: VAT (1%)		672.10
			EWT (1%)		672.10
			PURPOSE: For Corporate giveaways/promotional items for corporate events, local events, and other promotional activities.	<b>TOTAL - NET</b>	<b>65,865.80</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
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be
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
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
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
6. 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.
7. Partial delivery per item will not be accepted.

Very truly yours,

*Cynthia S. Santos*  
**CYNTHIA S. SANTOS**  
Division Chief IV / MSC Chief

Certified Budget Available: Funds Available in the amount of: <b>67,210.00</b>		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	
With in the COB: <b>CY2022</b> Expense Code: <b>5029901002</b> Budget: <b>67210</b> Remarks: <b>PAU</b> Conforms: <i>Wilfredo Tan Brisolago</i> <b>Wilfredo Tan Brisolago</b> Date: <b>12-06-22</b>		DENNIS B. ADRE Regional Vice President, PRG1 <i>Bf</i> <b>JANE D. MANAOIS, MD</b> <b>MEDICAL SPECIALIST IV</b> Date:

