

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **AZIACARE MEDICAL TRADING & SERVICES**

PO No. **2023\_010**

Address: **Arellano St., Dagupan City, Pangasinan**

Date: **3/21/2023**

Tel.Fax No.: **09707267980**

Terms of Payment: **Charge**

Supplier Registered with: **184-870-372-000 V**

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

Please deliver to this office within **15 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	Sphygmomanometer, Manual, Aneroid manual (Gauge Type) with long arm cuff	1,300.00	1,300.00
2	1	unit	Stethoscope, 28 inches, soft-sealing eartips provide an excellent acoustic seal and comfortable fit, angled eartubes align with ear canals	700.00	700.00
			xxxx Nothing Follows xxxx	TOTAL	2,000.00
			Less: VAT (5%/1.12)		89.29
			EWT (1%/1.12)		17.86
			PR No. 23-0302-0082 (5020321004)		
			PURPOSE: For the use of LHIO Ilocos Norte	TOTAL - NET	1,892.85

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.

Very truly yours,

**CYNTHIA S. SANTOS**  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **2,000**

**JOSE A. MONES**  
Fiscal Controller III

**EDWARD Q. ESPIRITU**  
AO IV / OIC-OFMS Chief

With in the COB: **2023**

Expense Code: **5020321004 / STDB 10**

Budget: **P2,000.00**

Remarks: **LHIO IN**

Conforme:

**JOYCE BUSTO CARIZAL**

**03/29/23**

Date:

Signature over Printed Name and Position of Authorized Representative

APPROVED:

**DENNIS B. ADRE**  
Regional Vice President, PRO1

Date

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



**MAR 30 2023**

RECEIVED BY: