

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Able Mdg. Old De Venecia Highway, Lucan, Dagupan City

PURCHASE ORDER

FORM-P-008

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: **EVANU SHIRTS AND PRINTS INC.**
Address: **MH Del Pilar St., Dagupan City, Pangasinan**
Tel. Fax No.: **0917-1798871**
Supplier Registered with: **009-878-816-000 NV**

PO No. **2023 026**

Date: **4/4/2023**

Terms of Payment: **Charge**

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

Please deliver to this office within 15-30 days upon approval of final sample:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	968	pcs	Konsulta Shirt w/ collar xxxxxx Nothing Follows xxxxx	680.00	250,240.00
			Less:		
			VAT (1%)		2,502.40
			EWY (1%)		2,502.40
			PR No. 23-0327-0135 (5029901002)		
			PURPOSE: For employees that will be used for corporate events, local events and other promotional activities		
			TOTAL - NET		245,235.20

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 imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0016-2015 entitled "Restoration 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 their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- 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.
- 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.
- Deliveries should be made within 8:00AM to 5:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

By the authority of the MSD Chief

CYNTHIA A. SANTOS
Division Chief IV / MSD Chief

SALLY S. GOMEZ

APR 04 2023

Certified Budget Available: _____ Funds Available to the amount of: 250,240.00 JOSE A. JACINES Fiscal Controller III EDWARD Q. ESPINOSA AO IV / OIC-OFMS Chief With in the OCA: 2023 Expense Code: 5029901003 / 51004 Budget: 250,240.00 Remarks: PAU Conform: Evangelina Columbins Date: 4-24-2023 Signature over Printed Name and Position of Authorized Representative	APPROVED: _____ DENNIS A. ADRI Regional Vice President, PROI _____ Date: _____
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COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



APR 24 2023

RECEIVED BY: _____