



Republic of the Philippines
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: **ROBINSONS HANDYMAN INC.**
Address: **2nd Level Robinsons Place, Brgy. San Miguel, Calasiao, Pangasinan**
Tel.Fax No.: **(075) 517-44-87**
Supplier Registered with: **003-888-229-074 V**

PO No. **2023_033**
Date: **4/20/2023**
Terms of Payment: **COD**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 7-15 days upon check payment from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	18	pcs	Hardware Supply Bulb, 18 watts, prismatic, screw type	240.00	4,320.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	4,320.00
			Less: VAT (5%/1.12)		192.86
			PR Nos. 23-0328-0141 (50203990)		
			PURPOSE: For PRO 1 use/ From APP Amendment Batch 2	TOTAL - NET	4,127.14

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
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.

By the authority of the MSD Chief

Very truly yours,

SALLY S. GOMEZ

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

APR 20 2023

Certified Budget Available:	Funds Available in the amount of: <u>4,320.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: <u>2023</u>		
Expense Code: <u>50203990 / STD B W</u>		
Bdget: <u>P 4,320.00</u>		
Remarks: <u>ASS/GM</u>		
Conforme:	Date: <u>4/27/2023</u>	APR 24 2023
REINATO PROUES Signature over Printed Name and Position of Author	ed Representative	RICARDO L. ARZADON, M.D. MO VII / Chief, HCDMD OIC-ORVP
		Date

