

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**
Address: **A.B. Fernandez, Avenue, Dagupan City**
Tel.Fax No.: **9394782325**
Supplier Registered with: **157-686-860-000 V**

PO No. **2023_035**

Date: **4/24/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Shopping**

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10	pcs.	Puncher, Heavy duty, w / two hole guide, approx. 6.5mm diameter in hole	195.00	1,950.00
2	2	pcs.	Staple Wire remover, j type	15.00	30.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)		
			PR Nos. 23-0412-0148 (5020301001)		88.39
			PURPOSE: For PRO 1 use, 1ST Qtr. supplies		
			TOTAL - NET		1,891.61

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 imposed.
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 E. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: **1,980.00**

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
AO IV / OIC-OFMS Chief

With in the CDB: **2023**
Expense Code: **5020301001 / STDP 10**
Bdget: **₱ 1,980.00**
Remarks: **ASS / GSA**

Conforme:

MARIO D. URBANO
Signature over Printed Name and Position of Authorized Representative

Date: **05-09-23**

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: **MARICAR M. ARZADON, M.D.**
MO VII / Chief, HCDMD
OIC-ORVP

MAY 03 2023

Date

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



MAY 11 2023

RECEIVED BY: **[Signature]**

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