

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **KAÑON GENERAL MERCHANDISE**
Address: **130 Malabago, Mangaldan, Pangasinan**
Tel.Fax No.: **9178942929**
Supplier Registered with: **176-634-293-000 V**

PO No. **2023_043**

Date: **5/5/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Shopping**

Please deliver to this office within 7 days upon receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	cart.	Toner Cartridge, HP CC364A (HP64A), Black	9,750.00	9,750.00
2	9	cart.	Toner Cartridges, HP CE390A, Black	9,780.00	88,020.00
3	10	cart.	Toner Cartridges, HP CF281A (HP81A) laserjet, Black	8,855.00	88,550.00
XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX				TOTAL	186,320.00
Less: VAT (5%/1.12)				8,317.86	
EWT (1%/1.12)				1,663.57	9,981.43
PR No. 23-0419-0152 (5020301002)					
PURPOSE: For PRO 1 use, APP Amendment Batch 3				TOTAL	176,338.57

Terms & Conditions:

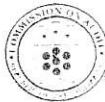
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration 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 - 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
CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>186,320.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AD IV / OIC-OFMS Chief
With in the COB: <u>CY 2023</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>820-701002/701010</u>	
Edgt: <u>186,320.00</u>	
Remarks: <u>VOLUME C097070</u>	
Conforme: <u>KAROLINA L. MANARRO</u> Signature over Printed Name and Position of Authorized Representative	MAY 08 2023 Date

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



MAY 09 2023

RECEIVED BY: au