



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Akia Bldg. Old De Venecia Highway, Lucena, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MARIGOLD STORE**
Address: **A.B. Fernandez, Avenue, Dagupan City, Pangasinan**
Tel.Fax No.: **522-2328**
Supplier Registered with: **157-686-860-000 V**

PO No. **2023_069**

Date: **6/21/2023**

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	85	book	Record Book 300 pages, 215mm x 275mm, 55gsm, smythe sewn, w/Official Record Book printing	165.00	14,025.00
2	51	book	Record Book 500 pages, 215mm x 275mm, 55gsm, smythe sewn, w/Official Record Book printing	195.00	9,945.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	23,970.00
			Less: VAT (5%/1.12)		1,070.09
			EWT (1%/1.12)		214.02
			PR Nos. 23-0515-0175 (5020301001)		
			PURPOSE: For PRO 1 use/ From APP Amendment Batch 4	TOTAL - NET	22,685.89

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

Certified Budget Available: Funds Available in the amount of: 23,970.00		APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	DENNIS B. ADRE Regional Vice President, PRO By: <i>[Signature]</i> MARICAR M. ARZADON, M.D. MO VII / Chief, HCDMD OIC - ORVP JUN 23 2023
With in the COB: 2023		
Expense Code: 5020201001		
Budget: P 23,970.00		
Remarks: VARIOUS COST CENTER		Date
Conforme: MAURO D. NOVALES	Date: 06-23-2023	
Signature over Printed Name and Position of Authorized Representative		

