



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: **AZIACARE MEDICAL TRADING & SERVICES**

Address: **Arellano Street, Dagupan City, Pangasinan**

Tel.Fax No.: **523-2099**

Supplier Registered with: **184-870-372-000 V**

PO No. **2023_112**

Date: **8/30/2023**

Terms of Payment: **Charge**

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

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	633	bot	Medical Supplies Alcohol, 70% Isopropyl, 500ml	65.00	41,145.00
2	40	gal	Medical Supplies Alcohol, 70% solution isopropyl	430.00	17,200.00
3	13	bot	Medical Supplies Hand Sanitizer Gel 1000ml with pump dispenser	190.00	2,470.00
4	499	boxes	Medical Supplies Medical/Surgical Face Mask; Three-ply design. Protection against outside moisture, Can block more than 90% of the 5-micron particles (dust, pollen, bacteria, viruses and other airborne particles), Disposal, Box of 50s	60.00	29,940.00
			xxxx Nothing Follows xxxx	TOTAL	90,755.00
			Less: VAT (5%/1.12)		4,051.56
			EWT (1%/1.12)		810.31
			PR No. 23-0809-0234 (50203080)		
			PURPOSE: Medical Supplies for PRO 1 use/ From APP Amendment Batch 6	TOTAL - NET	85,893.13

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 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>90,755.00</u>	APPROVED:
 JOSE A. MONES Fiscal Controller III	 EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <u>2023</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>50203080</u>	By: MARICAR M. ARZADON, M.D. MO VII / CHIEF SCMD OIC-OR VP
Budget: <u>90,755.00</u>	AUG 30 2023
Remarks: <u>VARIOUS COST CENTER</u>	Date
Conforme: DENNIS B. ADRE Signature over Printed Name and Position of Authorized Representative	Date

