

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **EVANJO SHIRTS AND PRINTS INC.**
Address: **MH Del Pilar St., Dagupan City, Pangasinan**
Tel/Fax No.: **0927-6116370**
Supplier Registered with: **009-878-916-000 NV**

PO No. **2023_122**

Date: **9/14/2023**

Terms of Payment: **Charge**

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

Please deliver to this office within 15-30 days upon approval of sample:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5,003	pcs	Foldable Fan xxxxxx Nothing Follows xxxxx	14.00	70,042.00
			Less:		
			NVAT (3%)		2,101.26
			EWI (1%)		700.42
			PR No. 23-0830-0245 (5029901002)		
			PURPOSE: For PAU/ To be used as Corporate giveaways, promotional items for corporate events, local events and other promotional activities		
			TOTAL - NET		67,240.32

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 to 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: JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: 70,042.00 EDWARD Q. ESPIRITU FC IV / FMS Chief	APPROVED: DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: 8023 Expense Code: 5029901002 / 17004 Budget: 70,042.00 Remarks: PAU	Conformer: Evangelina B. Colan Signature over Printed Name and Position of Authorized Representative	SEP 15 2023 Date

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



OCT 19 2023

RECEIVED BY: