



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 2023-143

Date: 10/13/2023

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2,678	pcs	PhilHealth Calendar 2024	98.00	262,444.00
			Size: Upper Part 17 x 22 inches Stock: Clipboard 50; C25 100 Color: Full color-CMYK, one side print No. of Leaves: 13 only (including cover page) Process: Offset printing (final layout to be provided) Binding: Wire-O Others: Metal eyelet to hang		
			xxxxxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	262,444.00
			Less: VAT (5%/1.12)		11,716.25
			EWT (1%/1.12)		2,343.25
			PR No. 23-0926-0287 (50299020)		
			PURPOSE: For PAU/ Corporate giveaways, promotional items for PhilHealth Members, Stakeholders, Partners	TOTAL	248,384.50

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 submitted by the supplier.
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 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 thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
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 specification when quoted.
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 cash" or "in check" three (3) **calendar days.**
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.

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>262,444</u> JOSE A. MONES EDWARD Q. ESPRITU <i>Drp</i> Fiscal Controller III FC IV / FMS Chief		APPROVED: _____ <div style="text-align: center;"> DENNIS B. ADRE Regional Vice President, PRO1 </div>
With in the COB: <u>2020</u> Expense Code: <u>50299070</u> Budget: <u>P 262,444.00</u> Remarks: <u>PAU</u> Conforms: _____		<div style="text-align: center;"> <i>By</i> JOSEPHINE O. QUEJON Division Chief- <i>LEAD</i> <i>DR - GRVP</i> </div>
<div style="text-align: center;"> WILFRED J. VALENTINO JR Signature over Printed Name and Position of Authorized Representative </div>		<div style="text-align: center;"> October 16, 2023 Date </div>

