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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: EVANJO SHIRTS AND PRINTS INC.
Address: MH Del Pilar Street, Dagupan City, Pangasinan
Tel.Fax No.: 529-5748
Supplier Registered with: 009-878-916-00000 NV

PO No. 2023-144
Date: 10/13/2023
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 15-30 days upon approval of actual sample from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	45	pcs	PAIMS Shirt	680.00	30,600.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
			less:	TOTAL	30,600.00
			NVAT (3%)		918.00
			EWT (1%)		306.00
			PR No. 23-0922-0274 (5029901002)		
			PURPOSE: for Collection Section	TOTAL - NET	29,376.00

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 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 juridical 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 function of thier office or influence the actions of directors or employees, or create the appearance of a conflict of ...
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 to 3:00PM** on working days on or before the date stipulated in the PO.

BY THE AUTHORITY OF ______

AYKIM P. AQUINO
FC II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 30,600	APPROVED:
JOSE A. MONES Fiscal Controller III	**EDWARD Q. ESPIRITU** FC IV / FMS Chief	
	By the Authority of: **JOSE A. MONES** Fiscal Controller III 10/16/2023	**DENNIS B. ADRE** Regional Vice President, PRO1
With in the COB: CY 2023		
Expense Code: [illegible]		
Budget: ₱ 30,600		
Remarks: PAU		
Conforme: Evangeline B. Columbino 10-23-2023		OCT 16 2023
Signature over Printed Name and Position of Authorized Representative		Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
OCT 24 2023
RECEIVED BY: ______