

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Abaya, 3rd De Venecia Highway, Lungsod ng Marikina City

FORM A-136

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICES UNIT

Supplier: **MICROPHASE CORPORATION**  
Address: **Unit 111 & 114 11th Floor Legaspi Soltes Building 178 Sakman St., Legaspi Village, Makati City**  
Tel. Fax No.: **(832) 8-812-8814**  
Supplier Registered with: **238-419-424-000 V**

PO No. **2023-145**  
Date: **10/18/2023**

Terms of Payment: **Cash**  
Mode of Procurement: **Negotiated Procurement**  
**Small Value Procurement**

Please deliver to this office within/on upon availability of stock from receipt hereof the following:

| NO. | QTY  | UNIT | ITEM DESCRIPTION                         | UNIT PRICE | TOTAL AMOUNT     |
|-----|------|------|------------------------------------------|------------|------------------|
| 1   | year |      | Adobe Creative Cloud (Subscription)      | 63,525.00  | 63,525.00        |
|     |      |      | Adobe Nothing follows stock              |            |                  |
|     |      |      | Less: VAT (5%/1.12)                      |            | 63,525.00        |
|     |      |      | EWI (1%/1.12)                            |            | 2,835.94         |
|     |      |      | PR No. 23-0817-0239 (50299070)           |            | 567.19           |
|     |      |      | PURPOSE: For ITSM/ICT Procurement 072933 |            |                  |
|     |      |      | <b>TOTAL - NET</b>                       |            | <b>60,121.87</b> |

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (2/10) of one percent (1%) for every day of delay shall be
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Retention of PhilHealth Mo Gm Policy (Revision 1) which is approved
- 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.
- 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.
- Deliveries should be made within 8:00AM - 12:00PM and 1:00PM - 3:00PM on working days prior before the date stipulated in the PO.

By: *[Signature]* BUDGET OFFICER  
10/17/23

Very truly yours,

*[Signature]*  
CYNTHIA A. SANTOS  
Division Chief, USG Chief

|                                                                       |                                                                           |                                                                      |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| Certified Budget Available                                            | Funds Available in the amount of: <b>63,525.00</b>                        | APPROVED:                                                            |
| JOSE A. MONES<br>Fiscal Controller III                                | EDWARD Q. ESPINOSA<br>IC / FMS Chief                                      | <i>[Signature]</i><br>DENNIS E. ADI<br>Regional Vice President & PRO |
| Work Order No. <b>2023</b>                                            | BY THE AUTHORITY OF THE FMS CHIEF<br><b>ANIMP. ACCOUNTING</b><br>10/17/23 |                                                                      |
| Expense Code <b>50499070/178019</b>                                   |                                                                           |                                                                      |
| Budget <b>118,804.00</b>                                              |                                                                           |                                                                      |
| Remarks:                                                              |                                                                           |                                                                      |
| Conforme:                                                             | <i>[Signature]</i> <b>BELEN O. CRUZ</b>                                   | <b>OCT 17 2023</b>                                                   |
| Signature over Printed Name and Position of Authorized Representative |                                                                           | Date                                                                 |

