

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **MOSTACO MARKETING**
Address: **68A Lalaine Bennet BF Resort Village, Las Pinas City, Metro Manila**
Tel. Fax No.: **(02) 8869-4770**
Supplier Registered with: **915-524-116-000 V**

PO No. **2023 156**

Date: **10/25/2023**

Terms of Payment: **COD**

Mode of Procurement: **Shopping**

Please deliver to this office within/on 30-45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1,000	roll	POS Thermal 80mm x 70mm w core	40.00	40,000.00
			xxxxxx Nothing Follows xxxxx	TOTAL	40,000.00
			Less: VAT (5%/1.12)		1,785.71
			EWI (1%/1.12)		357.14
			PR No. 23-1017-0304 (5020301001)		
			PURPOSE: For PRO 1 use/ From APP Amendment Batch 8	TOTAL - NET	37,857.15

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 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.
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 THE *Budget Officer*

Very truly yours,

Roseal A. Mones
ROSEAL A. MONES
FISCAL CLERK III

Cynthia S. Santos
CYNTHIA S. SANTOS
Division Chief IV / MSP Chief

Certified Budget Available: Funds Available in the amount of: \$0 000.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the ODB: 04 2523	
Expense Code: 5020307001	
Budget: 40,000.00	
Remarks:	
Conformer:	DENNIS B. ADRE Regional Vice President, PRO
<i>FRICKA DORE TORINE CELESTINO</i> Signature over Printed Name and Position of Authorized Representative	<i>By: JANETTE D. MANAOIS, MD</i> MEDICAL SPECIALIST IV 010-0000 Date

OCT 27 2023

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



NOV 06 2023

RECEIVED BY: *EDN*