

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

PURCHASE ORDER

POMM-P-006

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **RMA FIRE PROTECTION PRODUCT TRADING**
Address: **Mayombo District, Dagupan City, Pangasinan**
Tel. Fax No.: **0917-8646563**
Supplier Registered with: **256-324-654-000 NV**

PO No. **2023 173**

Date: **11/20/2023**

Terms of Payment: **Charge**

Mode of Procurement: **Shopping**

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	29	pcs	Refill of Fire Extinguisher, 10lbs. (Dry Chemical)	475.00	13,775.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less: NVAT (3%)		413.25
			EWT (1%)		137.75
			PR Nos. 23-1017-0305 (5020301001)		
			PURPOSE: For PRO 1 use/ From APP Amendment/Supplemental Batch 8		
			TOTAL - NET		13,224.00

Terms & Conditions:

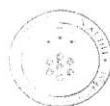
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Retiteration of PhilHealth No Gift Policy (Revision 1) which is deemed
- 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
- 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
- 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.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / ASO of of

Certified Budget Available: Funds Available in the amount of: 13,775.00 JOSE A. MONES Fiscal Controller III EDWARD O. ESPIRITU IC IV / RMS Chief With line COB: CY 7073 Expense Code: 4022401001 Budget: 13,775.00 Remarks: NOVEMBER 2023 CAT		APPROVED: DENNIS B. ADRE Regional Vice President, PROI By: JOSEPHINE O. QUIYON Division Chief, PROI Date: NOV 20 2023 DTC: BRVY
Confirmed: JOSEPHINE O. QUIYON 11-22-23 Signature over Printed Name and Position of Authorized Representative		

COMMISSION C
AUDIT TEAM R1-04 (PHIC Group)



NOV 23 2023

RECEIVED BY:

[Signature]