



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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE
Address: A.B. Fernandez, Avenue, Dagupan City, Pangasinan
Tel.Fax No.: 522-2328
Supplier Registered with: 157-686-860-000 V

PO No. 2023_191
Date: 12/13/2023
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within 15-30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	36	packet	Battery Dry Cell, 1.5 volts, Premium/Ultra/Super Alkaline/Alkaline, No Mercury and Cadmium, size AA, 4 pcs/blister pack	90.00	3,240.00
2	22	pcs	Calculator Desktop, compact, electronic, LCD display, 12 digits, two-way power source (solar and cell), with English operating/ user's manual	468.00	10,296.00
3	18	book	Record Book 300 pages, 215mm x 275mm, 55gsm., smythe sewn, w/" Official Record Book printing	165.00	2,970.00
4	13	book	Record Book 500 pages, 215mm x 275mm, 55gsm., smythe sewn, w/" Official Record Book printing	195.00	2,535.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXXXX	TOTAL	19,041.00
			Less: VAT (5%/1.12)		850.04
			EWI (1%/1.12)		170.01
			PR Nos. 23-1123-0336 (5020301001)		
			PURPOSE: For PRO 1 use/ From APP Amendment Batch 10	TOTAL - NET	18,020.95

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.
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
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
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
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.
7. Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: <u>19,041.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <u>2023</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5020301001</u>	By: <u>My</u> DEC 18 2023
Budget: <u>P 19,041.00</u>	MARICAR M. ARZADON, M.D. MO VII / Chief, HCEMD
Remarks: <u>VARIOUS COST CENTERS</u>	<u>ORC - ORVP</u>
Conforme: <u>MARIO D. NOVALES</u>	Date
Signature over Printed Name and Position of Authorized Representative	Date

