

PHILIPPINE HEALTH INSURANCE CORPORATION

Akia Bidg. Old De Venecia Highway, Lucao, Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:

CMN PRINTING CO. INC.

PO No. 2023_197 Date: 12/19/2023

Address:

Mc Arthur Highway, Nalsian Calasiao, Pangasinan

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

Tel.Fax No.: (075) 522-0114

Supplier Registered with: 000-252-173-000 V

Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,000	pcs	Leaflet: Labanan ang Red Tape	4.85	4,850.00
2	1,000	pcs	Leaflet: 3-7-20	4.85	4,850.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxx	TOTAL	9,700.00
			Less: VAT (5%/1.12)		433.04
			PR Nos. 23-1121-0332 (5029901002)		
			PURPOSE: For LHIOs, PSOs and PhilHealth Express	TOTAL - NET	9,266.96

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
- 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,

extified Budget Available APPROVED: OSE A. MONES EDWARD Q. ESPIRITU Fiscal Controller III FC IV / FMS Chief With in the COB: 5029900002 STOB Expense Code DENNIS B. ADRE # 4,700.00 HO SUPPORT Bdget: Regional Vige President, PRO1 Conforme: Signature over Printed Name and Position of Authorized Representative

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



RECEIVED BY