

EDG PRINTING PRESS

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400 Bued, Calasiao, Pangasinan

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 2024_321

Date: 12/17/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-

POMM-P- 006

Small Value Procurement

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2,096	pcs.	PhilHealth Konsulta Poster	23.00	48,208.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		
				TOTAL	48,208.00
			VAT (5%/1.12)		2,152.14
			EWT (1%/1.12)		430.43
			PR No. 24-1014-0437 (5029901002)		
			PURPOSE: For display in Accredited PhilHealth Konsulta Package Providers and Barangay Health Stations to increase awareness among PhilHealth members	TOTAL - NET	45,625.43

Terms & Conditions:

HORITY OF THE BUDGET OFFICER:

Supplier:

Address:

Tel.Fax No.: 529-7104

- 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
- 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 thier 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.
- 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.

,		Division Chief IV / MSD Chief
Certified Budget Available:	Funds Available in the amount of:	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief FISCAL CONTROLLER IN	(D)
With in the COB: Expense Code: Bdget: Remarks:	19901002 1208 54pport - Stob 12	DENNIS B. ADRE Regional Vice President, PRO1
Conforme:	Or .	DEC 1 8 2024
	Name and Position of Authorized Representative	Date

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

Very truly yours,