

PURCHASE ORDER
OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **GOLDMASTER HOLDING CORPORATION**
Address: **A.B. Fernandez, Avenue, Dagupan City, Pangasinan**
Tel. Fax No.: **523-0478**
Supplier Registered with: **423-286-719-000 V**

PO No. **2024_326**
Date: **12/18/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Shopping**

Please deliver to this office within 45 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1.	7	pcs.	Self-inking Stamp, Crown Shiny Stamp S-829D with rubber stamp	2,095.00	14,665.00
2.	7	pcs.	Self-inking Stamp, Crown Shiny Stamp S-842 with rubber stamp	485.00	3,395.00
3.	3	pcs.	Self-inking Stamp, Crown Shiny Stamp S-843 with rubber stamp	625.00	1,875.00
4.	28	pcs.	Ink Pad for Shiny Stamp S-829D	172.00	4,816.00
5.	28	pcs.	Ink Pad for Shiny Stamp S-842	100.00	2,800.00
6.	12	pcs.	Ink Pad for Shiny Stamp S-843	100.00	1,200.00
7.	30	reams	Parchment Paper, Multi-Purpose A4 size (297mm x 210mm), 75gm	250.00	7,500.00
8.	6	boxes	Envelope, Documentary, Legal size	900.00	5,400.00
9.	24	btl.	Stamp Pad Ink, 50ml, purple	70.75	1,698.00
10.	500	pcs.	Correction Tape, dispensing mechanism, variable clutch, dispensing system	21.00	10,500.00
11.	200	pack	Lamination Film, A4, 10 pcs./pack	95.00	19,000.00
12.	500	pcs.	Post-it Flag Standard (Sign Here), 1 x 1 7	30.00	15,000.00
13.	500	pcs.	Post-it Flag Standard Flags	23.00	11,500.00
14.	50	btl.	Glue, 130 grams	50.00	2,500.00
XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX					
VAT (5%/1.12)					101,849.00
EWT (1%/1.12)					4,546.83
PR No. 24-1121-0487 (5020301001)					909.37
PURPOSE: For PRO1 use: APP Batch 11, CM#2024 0050					
TOTAL - NET					96,392.80

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 by the supplier.
- 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.
- 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.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

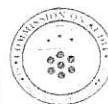
THE AUTHORITY OF THE
MEMORANDUM
12/19/24
MR. MEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of <u>101,849.00</u>	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COA:	<u>2024</u>	
Expense Code:	<u>500301001</u>	
Budget:	<u>101,849.00</u>	
Remarks:	<u>APP/CSU - Std 10</u>	
Conforms:	<u>Rea nsp/61602/Sole Rep</u>	
Signature over Printed Name and Position of Authorized Representative	Date: <u>12/27/24</u>	
		DENNIS B. ADRE Regional Vice President, PRO1
		DEC 20 2024

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



JAN 13 2025

RECEIVED BY: as