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

POMM-F- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE
Address: A.B. Fernandez Avenue, Dagupan City, Pangasinan
Tel.Fax No.: 0939-4782325
Supplier Registered with: 157-686-860-000 V

PO No. 2024_328
Date: 12/18/2024
Terms of Payment: Charge
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	300	boxes	Rubber Band Small 350g/box	144.00	43,200.00
2	500	pcs.	Folder, Pressboard, Plain, for letter size paper/documents	4.00	2,000.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
				TOTAL	45,200.00
			VAT (5%/1.12)		2,017.86
			EWT (1%/1.12)		403.57
			PR No. 24-1121-0487 (5020301001)		
			PURPOSE: For PRO1 use. APP Batch 11. CM#2024_0050	TOTAL - NET	42,778.57

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 by the supplier.
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 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.
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 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

BY THE AUTHORITY OF THE
MARIMEL 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: P 42,778.57	APPROVED:
JOSE A. MONES, Fiscal Controller III / EDWARD Q. ESPIRITU, FC IV / FMS Chief — 12.20.24 — FISCAL CONTROLLER III	DENNIS B. ADRE, Regional Vice President, PRO1
With in the COB: 2024 Expense Code: 5020301001 Bdget: 4TH Q Remarks: ASSISTANT - Stab 10	
Conforme: MARLO D. NOVALES — Date: 12-27-2024 Signature over Printed Name and Position of Authorized Representative	DEC 19 2024 Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JAN 06 2025
RECEIVED BY: