

PURCHASE ORDER

Supplier: **ESPRINTSHOP PRINTING SERVICES**
Address: **Stall 18 Calasiao Sports Complex Pob. West Calasiao, Pangasinan**
Tel./Fax No.: **09389701576**
Supplier Registered with: **740-503-465-000 NV**

PO No. **2024-070**
Date: **2/29/2024**
Terms of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement**
Small Value Procurement

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

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	340	pcs	T-shirt with Print xxxx Nothing Follows xxxx	220.00	74,800.00
			Less:		
			N/VAT (3%)		2,244.00
			EWT (1%)/		748.00
			PR No. 24-0222-0086 (502999902)		
			PURPOSE: For Women's Month Celebration		
			TOTAL - NET		71,808.00

Terms and Conditions:

- Failure or refusal 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, MAJORITARIAN shall submit a statement showing the condition and serial numbers of the goods and it shall be subject to a tax and duty as required by the supplier.
- The contracting parties undertake to comply with Order No. 1008, 2017 entitled "Reiteration of PhilHealth No Gift Policy (Revision 11)".
- Integrate into this Contract the PhilHealth version of all contract documents, especially the Policy of Insurance, and all terms and conditions, including but not limited to, whether from the public or private sector, at all time in or on the work premises where a contract is given in the contract of insurance.
- Connection with any transaction which may affect the functions of the office or influence the activities of the contracting parties, or create the appearance of conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding contract if goods delivered are defective or do not conform to the specifications when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand a full refund of payment made.
- Payment shall be made within three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days or on before the date stipulated in the PO.

Witnessing:

CYNTHIA S. SANTOS,

Supervisor, Procurement

Estimated Budget Available: Funds Available with the amount: **74,800.00**

JOSE A. MONES

EDWARD Q. ESPIRITU

Group Treasurer

Group Finance Officer

Contract No. **2024**
PO No. **502999902 / SUB 7**
Amount: **P 74,800.00**
HC SUPPORT

DENNIS B. ADRE

By: *[Signature]*

MAR 01 2024

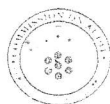
DIC-CAVP

Julie Catherine P. Ylans

Date: **3/8/2024**

Signature over Printed Name and Position of Authorized Representative

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



MAR 11 2024

RECEIVED BY: *ay*