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

PQMM-P-006

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_021
Date: 2/29/2024
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	10	boxes	Envelope Documentary, Legal size, kraft, 150 gsm, 254mm x 381mm, 500 pcs./box	900.00	9,000.00
			xxxx Nothing Follows xxxx		
			Less:	TOTAL	9,000.00
			VAT (5%/1.12)		401.79
			PR No. 24-0216-0077 (5020301001)		
			PURPOSE: 1st Qtr. Supplies CY 2024	TOTAL - NET	8,598.21

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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available — Funds Available in the amount of: 9,000.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

Year of the COB: 2024
Expense Code: 5020301001
Allot: ₱9,000.00
Remarks: VARIOUS COST CENTERS

APPROVED

DENNIS B. ADRE
Regional Vice President, PRO I

MAR 01 2024

By: MARICAR [illegible]
OIC-DAVP

Date

Conforme

REA RODRIGUEZ Date: 3/25/24
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
APR 01 2024
RECEIVED BY: