Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PURCHASE ORDER

OFFICE OF THE ASSISTANT ADMINISTRATIVE SECTION GENERAL SERVICES UNIT

Supplier: RMA FIRE PROTECTION PRODUCT TRADING
Address: Mayombo District, Dagupan City, Pangasinan
Tel. Fax No.: 0917-8646563
Supplier Registered with: 256-324-654-000 NV

PO No. 2024_034
Date: 03/15/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 7 days from receipt hereof the following:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	46	pcs.	Fire Extinguishier Refill, ABC Dry Chemical, 10 lbs., red cylinder	475.00	21,850.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		
			Less:	TOTAL	21,850.00
			VAT (3%)		655.50
			EWT (1%)		218.50
			PR No. 24-0216-0081 (5020301001)		
			PURPOSE: For PRO I use	TOTAL - NET	20,976.00

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 their office or influence the actions of directors or shareholders, 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 substitute, incomplete or non-conformant to 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 indicated in the PO.

Very truly yours,

CYNTHIA A. SARTON
Division Chief / PRO Chief

Certified Budget Available: Funds Available in the amount of P21,850

JOSE A. MONES
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

APPROVED:

DENNIS B. ADRE
Regional Vice President

APR 2 9 2024

With in the COB: 2024
Expense Code: 5020301001 MOOE 10
Budget: P 21,850.00
Remarks: AGS/CSU

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 04-16-24

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
APR 17 2024
RECEIVED BY: