

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: AZIACARE MEDICAL TRADING & SERVICES
Address: Arellano Street, Dagupan City, Pangasinan
Tel./Fax No.: 523-2099
Supplier Registered with: 184-870-372-000 V

PO No. 2024_035

Date: 03/15/2024

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	388	pcs.	Penlight with AA Batteries	280.00	108,640.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		4,850.00
			EWI (1%/1.12)		970.00
			PR No. 24-0229-0114 (50203080)		
			PURPOSE: For PRO 1 use		
			TOTAL - NET		102,820.00

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 judiciary, 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Approved Budget Available	Funds Available in the amount of: <u>108640-</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
Year in the COB: <u>2024</u>		DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>50203080</u>		by: <u>WATSON H. JORDAN, M.D.</u> WOMH / CHM, HOSMD OIC-ORVP
Budget: <u>P108,640.00</u>		MAR 20 2024
Remarks: <u>VARIOUS OUT CENTER</u>		
Conforme: <u>JONAR C. DOMANTIA / ADMIN</u>	Date: <u>MAR. 21, 2024</u>	Date:
Signature over Printed Name and Position of Authorized Representative		

