Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

[illegible]

FORM D-026

PURCHASE ORDER

[illegible]

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_110
Date: 5/21/2024
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	500	btl.	Alcohol, 70% solution, isopropyl, 500 ml	65.00	32,500.00
2	300	boxes	Surgical Facemask/Medical Mask, three ply design	60.00	18,000.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx,xxxx		
			Less:	TOTAL	50,500.00
			VAT (5%/1.12)		2,254.46
			EWT (1%/1.12)		450.89
			PR No. 24-0503-0210 (50203080)		
			PURPOSE: For PBQ 1	TOTAL - NET	47,794.65

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 [illegible] 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)**" [illegible] incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or [illegible] 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 employees, or create the appearance of 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 audited.
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 [illegible] 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 [illegible]

Very truly yours,

SALLY S. GOMEZ
HAMD [illegible]/Acting ASS Chief

CYNTHIA S. SANTOS
Division Chief [illegible]

Certified Budget Available   Funds Available in the amount of 50,500.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

[illegible]: 2024
Expense Code: 50203080 / [illegible]
Amount: P 50,500.00
[illegible]: A00/624

Conforme:

JOSEPINA MENESES / OWNER   Date: 5/23/24
Signature over Printed Name and Position of Authorized Representative

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: CYNTHIA S. SANTOS, DPA
Division Chief IV / MSD Chief
OIC-RVP, PRO 1

MAY 22 2024

Date

[illegible] ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

MAY 23 2024

RECEIVED BY: