Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: SK HARDWARE & GENERAL MERCHANDISE
Address: Rizal Street, Dagupan City, Pangasinan
Tel.Fax No.: 522-5388
Supplier Registered with: 131-149-412-000 V

PO No. 2024_133
Date: 6/7/2024
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	1	unit	Heavy Duty Hammer Drill	5,500.00	5,500.00
2	1	unit	Wireless Hand Drill	9,500.00	9,500.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx		
				TOTAL	15,000.00
			Less: VAT (5%/1.12)		669.64
			EWT (1%/1.12)		133.93
			PR No. 24-0521-0246 (5020321002)		
			PURPOSE: Procurement of Semi-Expandable Office Equipment For PRO 1 use	TOTAL - NET	14,196.43

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.

By the authority of the MSD Chief:

SALLY S. GOMEZ
HRMO III/Acting ASS Chief

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:	Funds Available in the amount of: 15,000.00	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: 2024 Expense Code: 5020321002 Bdget: P 15,000.00 Remarks: Tier 2		MARICAR M. ARZADON, M.D. MO VII / Chief, HCDMD OIC-ORVP
Conforme: THERESA REVILLA Signature over Printed Name and Position of Authorized Representative	Date: 06/10/24	JUN 10 2024 Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUN 11 2024
RECEIVED BY: ____