

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

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: GAKKEN (Philippines), Inc.  
Address: 351 De Venecia Road, Lucan, Dagupan City, Pangasinan  
Tel/Fax No.: 522-3228/0906-8540533  
Supplier Registered with: 004-475-204-004 V

PO No. 2024\_145

Date: 6/11/2024

Terms of Payment: Charge

Mode of Procurement: Direct Contracting

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	36	cart.	Duplo Black Ink DC14	1,022.70	36,817.20
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX		
			Less:	TOTAL	36,817.20
			VAT (5%/1.12)		1,643.63
			EWT (1%/1.12)		328.73
			PR No. 24-0426-0203 (5020301001)		
			PURPOSE: CM PRO1 No. 2024-024 CY2024 ANNUAL PROCUREMENT PLAN AMENDMENT BATCH 3 For PRO1 use	TOTAL - NET	34,844.84

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 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 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

Certified Budget Available:	Funds Available in the amount of: 36,817.20	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: 5020301001 / 50203010		
Budget: P 36,817.20		
Remarks: Acc/Bal		
Conforme:		
Signature over Printed Name and Position of Authorized Representative	Date: 06-20-2024	Date

COMMISSION ON AUDIT  
AUDIT TEAM R1-04 (PHIC Group)



JUN 20 2024

RECEIVED BY: