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

POMM-P-006

# PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: BOXDEL PRINTING SERVICES
Address: 2768 Tupas St., Sta. Ana Manila, 1009
Tel.Fax No.: 0956-022-3525
Supplier Registered with: 413-090-398-000 V

PO No. 2024_151
Date: 6/21/2024
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 30 calendar days upon final proof from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| 1 | 10,000 | pcs. | Flyer, "Access Your PhilHealth Record Online Through The PhilHealth Member Portal" | 1.90 | 19,000.00 |
| 2 | 10,000 | pcs. | Flyer, "Self-Paying Members May Now Pay Their PhilHealth Premiums Online Through The PhilHealth Member Portal" | 1.90 | 19,000.00 |
| | | | xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxx | | |
| | | | Less: | TOTAL | 38,000.00 |
| | | | VAT (5%/1.12) | | 1,696.43 |
| | | | EWT (1%/1.12) | | 339.29 |
| | | | PR No. 24-531-0270 (5029901002) | | |
| | | | PURPOSE: In support to the implementation of Konsultasyon Sulit at Tama (Konsulta) Package, to increase the awareness of members on the online payment facility, and online services of PhilHealth<br>For PRO 1 use | TOTAL - NET | 35,964.28 |

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 BUDGET OFFICER:
6/21/2024
[illegible] P. AQUINO
FC II

Very truly yours,

by the authority of the HRM chief
6/21/2024
SALLY S. GOMEZ
HRMO III / Acting ASS Chief

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 38,000.-

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

With in the COB: 2024
Expense Code: 5029901002 | MOOE 12
Bdget: P 38,000.00
Remarks: HO SUPPORT

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By
XARICAR M. ARZADON, M.D.
HOVII / Chief, HCDMD
OIC-ORVP

JUN 21 2024

Date

Conforme:

Ms. Irene Brosas
Signature over Printed Name and Position of Authorized Representative

Date: June 24, 2024

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 01 2024
RECEIVED BY: ___