

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **TRADE MATTERS TRADING** PO No. **2024_155**
Address: **22 Earlybird St. Moonwalk Village, Talon V, Las Piñas City** Date: **6/25/2024**
Tel. Fax No.: **02-87856837 / 0917-7136733** Terms of Payment: **COD**
Supplier Registered with: **156-466-257-000 V** Mode of Procurement: **Negotiated Procurement-Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20,000	pcs.	Flyer, "Paano Gamitin and PhilHealth Konsulta Package", 4" x 8.5"	1.21	24,200.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx		
			Less:		
			VAT (5%/1.12)		1,080.36
			EWT (1%/1.12)		216.07
			PR No. 24-0531-0270 (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 For PRO 1 use		
			TOTAL - NET		22,903.57

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.

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER II

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: <u>24,200.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
With in the COB: <u>2024</u>		DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>502600002 / 502600002</u>		
Budget: <u>P 24,200.00</u>		
Remarks: <u>No support</u>		
Conforme:		
WILFRED S. VALENTINO JR. Date: <u>6/28/2024</u>		
Signature over Printed Name and Position of Authorized Representative		

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

JUL 01 2024

RECEIVED BY: cu