

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **DANIEL MEROCHANOISING**
 Address: **Rm. 203, 3rd Consolacion Bldg., Gen. Roxas Cidlan, Quezon City**
 Tel./Fax No.: **(02) 881-0643**
 Supplier Registered with: **TIN 130-868-000 V**

PO No: **2024-157**
 Date: **6/26/2024**

Term of Payment: **COD**
 Mode of Procurement: **Direct Contracting**

Please deliver to this office within 21 calendar days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	units	B Network Time Recorder (Rundy Clock), Amana EX3500NW	36,465.00	36,465.00
			XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		19,534.82
			TWT (3%/1.12)		3,906.96
			PR No. 24-0322-0249 (3020321002)		
			PURPOSE: POLYMER, PSC, and Regional Office		
			TOTAL - NET		414,138.22

Terms of Purchase Order

1. In case of failure to deliver the full quantity within the time set, there shall be a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For accepted items, EXPIRATION DOCUMENTS (specifying the condition, serial numbers of the equipment purchased, and the receipt) shall be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 1678-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into the Terms and Conditions. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or institution, 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.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, damaged, or non-conformant as specified herein.
5. In case of returned/damaged 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, within 11 calendar days.
6. Deliveries should be made within 9:00AM to 3:00PM on working days on or before the date stipulated in the PO.

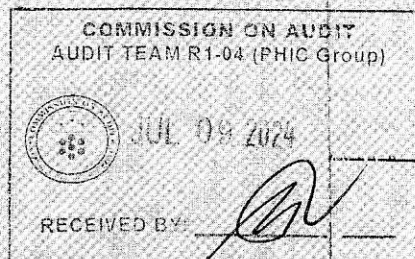
Very truly yours,

[Signature]
EDWARD Q. ESPINOSA
 Director General, PHIMH

Unencumbered Budget Available: **414,138.22**

JOSE A. MONES
 Fiscal Controller II

EDWARD Q. ESPINOSA
 Director General, PHIMH



[Signature]
GENESS B. ADRE
 Regional Vice President, PHIC

With: **2024**
 Memo No: **2024032002**
 Index: **483, 385, 10**
 Remarks: **TIN 130-868-000 V**

THELMA RABANO
 Signature over Printed Name and Position of Authorized Representative

JULY 8, 2024

JUL 02 2024

DATE