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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION - GENERAL SERVICE UNIT

Supplier: MARIGOLD STORE
Address: A.B. Fernandez Avenue, Dagupan City, Pangasinan
Tel.Fax No.: 0939-4782325
Supplier Registered with: 157-686-860-000 V

PO No. 2024_169
Date: 7/19/2024
Terms of Payment: Charge
Mode of Procurement: Shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	28	boxes	Fastener Metal, 70mm bet. Prongs, able to hold 25mm thick, 50 sets/box	55.00	1,540.00
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
			Less:	TOTAL	1,540.00
			VAT (5%/1.12)		68.75
			EWT (1%/1.12)		13.75
			PR No. 24-0606-0276 (5020301001)		
			PURPOSE: PRO 1 use, APP Amendment Batch 5	TOTAL - NET	1,457.50

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 offical 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 OFFICIAL
7/22/2024
MARIMEL C. BRAVO
FISCAL CONTROLLER II

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1,540.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
FC IV / FMS Chief

BY THE AUTHORITY OF THE FMS CHIEF
AYKIM P. AQUINO 7/22/2024
FC II

With in the COB: 2024
Expense Code: 5020301001 / 50203010
Budget: ₱ 1,540.00
Remarks: AO/GU

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

MARICAR M. ARZADON, MD
MO VII / Chief, HCDMD
OIC-ORVP
JUL 22 2024

Date

Conforme:

MARLO D. NOVALES
Date: JULY 20, 2024
Signature over Printed Name and Position of Authorized Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
JUL 24 2024
RECEIVED BY: