



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
4th Floor, Old Da Venencia Highway, Linao, Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION GENERAL SERVICES UNIT

Supplier: AZIACARE MEDICAL TRADING & SERVICES  
Address: Arellano Street, Dagupan City, Pangasinan  
Tel/Fax No.: 523-2099  
Supplier Registered with: 184-870-372-000 V

PO No. 2024-173

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	8	rolls	Medical Supplies, Adhesive Bandage	25.00	200.00
2	1	bot	Medical Supplies, Povidone Iodine, 60ml	80.00	80.00
			XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXX		
			Less:		
			VAT (5%/1.12)		12.50
			PR No. 24-0220-0084 (50203080)		
			PURPOSE: PRO 1 1st GR. CY 2024		
			TOTAL		280.00
			TOTAL - NET		267.50

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.
- The imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial number of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 8018-2015 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 individual 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 repaired 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

Certified Budget Available	Funds Available in the amount of <u>280.00</u>	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	CYNTHIA S. SANTOS Division Chief of FMS Chief
Written by: <u>2024</u>	BY THE AUTHORITY OF THE FMS Chief AYO P. ARJUNO FC II	DENNIS B. ADRE Regional Vice President, PRO1
Exemptions Code: <u>2024</u>		
Budget: <u>280.00</u>		
Remarks: <u>AC/501</u>		
Conforme:		
<u>JOMAR C. DOMANTAY/ADMIN</u>	<u>JUL 23, 2024</u>	<u>MARICAR M. ARZADON M.P.</u> NO VII / Chief, PRO-1 OIC-DRP
Signature over Printed Name and Position of Authorized Representative		

