

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **ROBINSON'S HANDYMAN, INC.**
Address: **Arellano St., Dagupan City, Pangasinan**
Tel.Fax No.: **0998-8407505**
Supplier Registered with: **003-888-229-00038 V**

PO No. **2024_221**
Date: **9/13/2024**
Terms of Payment: **COD**
Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within 7-15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	units	Networking Cable Stripper	419.00	1,257.00
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		1,257.00
			VAT (5%/1.12)		56.12
			PR No. 24-0401-0162 (5020821006)		
			PURPOSE: Procurement f Semi_Expendable-Disaster Response & Rescue Equipment and IT Tools	TOTAL - NET	1,200.88

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 thier 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.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

THE AUTHORITY OF THE BUDGET OFFICER:

KIM P. AQUINO 9/13/2024

Certified Budget Available: Funds Available in the amount of: **1,257.00**

JOSE A. MONES **EDWARD Q. ESPIRITU**
Fiscal Controller III FC IV / FMS Chief

With in the COB: **2024**
Expense Code: **5020321008**
Bdget: **1,257.00**
Remarks:

Conforme: **Bonifacia Hipolito**

Date: Sep. 17, 2024

Signature over Printed Name and Position of Authorized Representative

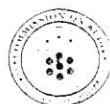
APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

MARCANT M. ARZADON, M.D.
JO VII / CHIEF, HCDMD
DIC-ORVP

Date

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



SEP 17 2024

RECEIVED BY: **as**