

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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CAPTAIN PRINTS ENTERPRISES
Address: Arellano Pantal St., Dagupan City
Tel.Fax No.: 09279100542
Supplier Registered with: 173-509-705-000 NV

PO No. 2024_242
Date: 9/26/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 2 days from receipt hereof the following:

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|--------------|
| 1 | 8 | pcs. | Plaque of Recognition, customized glass/acrylic plaque, 6" x 12" | 2,000.00 | 16,000.00 |
| | | | XXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX | | |
| | | | TOTAL | | 16,000.00 |
| | | | VAT (3%) | | 480.00 |
| | | | EWT (1%) | | 160.00 |
| | | | PR No. 24-0924-0405 (5020601001) | | |
| | | | PURPOSE: To be sued for the awarding ceremony for top-performing KONSULTA providers in Pangasinan | | |
| | | | TOTAL - NET | | 15,360.00 |

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 MSD Chief:

Very truly yours,

SALLY S. GOMEZ

HRMO III/Acting, ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

| | |
|---|--|
| Certified Budget Available: <u>16,000.00</u> amount of: <u>16,000.00</u> | APPROVED: |
| JOSE A. MONES Fiscal Controller III | EDWARD Q. ESPIRITU EC IV / FMS Chief |
| With in the COB: <u>ay 2024</u> | DENNIS B. ADRE Regional Vice President, PRO1 |
| Expense Code: <u>5029901002</u> | MARGAR M. ARZADON, M.D. MO VI / Chief, H.C.A.T. |
| Budget: <u>170 support / 5006 12</u> | 010-0200 |
| Remarks: | Date |
| Conforme: | |
| Christopher M. Hamco Signature over Printed Name and Position of Authorized Representative | Date: 9-27-2024 |

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



SEP 30 2024

RECEIVED BY: