

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: GOLDMASTER HOLDING CORPORATION PO No. 2024\_247  
Address: A.B. Fernandez, Avenue, Dagupan City, Pangasinan Date: 10/2/2024  
Tel.Fax No.: 523-0478 Terms of Payment: Charge  
Supplier Registered with: 423-286-719-000 V Mode of Procurement: Shipping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	pcs.	Cutter, Heavy Duty, retractable, L-500	345.00	2,070.00
2	25	pcs.	Ruler, 12" plastic	6.00	150.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		2,220.00
			VAT (5%/1.12)		99.11
			PR No. 24-0816-0360 (5020301001)		
			PURPOSE: PRO 1 use, CM PRO1 No. 2024-035 CY2024 APP Amendment Batch 8	TOTAL - NET	2,120.89

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.

BY THE AUTHORITY OF THE BUDGET OFFICER.

AYKIM P. AQUINO 10/3/2024  
FC II

By the authority of MSD Chief:

SALLY S. GOMEZ

HRMO III/Acting, ASS Chief

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 2,220.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB:

Expense Code:

Bdget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 10/04/24

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

CYNTHIA S. SANTOS, DPA  
Division Chief IV / MSD Chief  
OIC-RVP, PRO 1

Date

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



OCT 07 2024

RECEIVED BY: