

PURCHASE ORDER  
OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: BEST SHOT PRINTING PO No. 2024\_250  
Address: 109 Kamias Road, Quezon City Date: 10/8/2024  
Tel.Fax No.: (02) 924-2548/ 435-0772 (telefax) Terms of Payment: C.O.D.  
Supplier Registered with: 165-436-365-000 V Mode of Procurement: Negotiated Procurement-  
Small Value Procurement

Please deliver to this office 30 days upon approval of sample digital print from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1081	pcs.	CY 2025 Desktop Calendar	130.88	141,481.28
			xxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		141,481.28
			VAT (5%/1.12)		6,316.13
			EWI (1%/1.12)		1,263.23
			PR No. 24-0924-0404 (502999020)		
			PURPOSE: To be distributed as promotional giveaways to our partners, stakeholders and PhilHealth employees.	TOTAL - NET	133,901.92

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.

Very truly yours,

*Cynthia S. Santos*  
CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 141,481.28

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPIRITU  
FC IV / FMS Chief

With in the COB:

Expense Code:

Budget:

Remarks:

Conforme:

Emily E. Estrada

Date: 10-22-2024

Signature over Printed Name and Position of Authorized Representative  
Emily E. Estrada

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

OCT 18 2024

Date

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

OCT 30 2024

RECEIVED BY: