

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

Supplier: MARIGOLD STORE PO No. 2024\_253  
Address: A.B. Fernandez Avenue, Dagupan City, Pangasinan Date: 10/10/2024  
Tel.Fax No.: 0939-4782325 Terms of Payment: Charge  
Supplier Registered with: 157-686-860-000 V 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	50	books	Record Book, 500 pages, 55 gsm, 278mm x 175mm, with "Record Book printed on the outside of front cover	148.00	7,400.00
2	100	boxes	Rubber Band, Size: 18. transparent, approx. 350g/box	144.00	14,400.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			TOTAL		21,800.00
			VAT (5%/1.12)		973.21
			EWT (1%/1.12)		194.64
			PR No. 24-0902-0379 (5020301001)		
			PURPOSE: For PRO 1 use, CM#2024-039 CY 2024 APP Amendment Batch 9	TOTAL - NET	20,632.15

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 THE BUDGET OFFICER:

Very truly yours,

AYKIM P. AQUINO 10/11/2024  
FC II

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief

OCT 11 2024

Certified Budget Available: Funds Available in the amount of: <u>21,800.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief
With in the COB: <u>2024</u>	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: <u>5020301001</u>	JOSEPHINE D. GUITON, DBA DIVISION CHIEF IV
Bdget: <u>21,800</u>	OCT 11 2024
Remarks: <u>ASS/CSU / 15 to 6 10</u>	DATE: <u>10-15-24</u>
Conforme: <u>MARLO D. NOVALES</u>	Signature over Printed Name and Position of Authorized Representative

