

PURCHASE ORDER

OFFICE/DEPARTMENT ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: FINE ADS ART & SIGNS
Address: Quezon Avenue, Catbangen, San Fernando City, La Union
Tel. Fax No.: 072-607-5859
Supplier Registered with: 924-849-720-002 NV

PO No: 2024_290
Date: 11/14/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	PhilHealth Signage for PhilHealth Satellite Office-Agoo La Union Size: 3 ft. (Height) x 10 ft. (Width) xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	48,500.00	48,500.00
			TOTAL		48,500.00
			VAT (3%)		1,455.00
			EWT (1%)		485.00
			PR No. 24-0813-0351 (10609020)		
			PURPOSE: For PSO Agoo La Union Signage		
			TOTAL - NET		46,560.00

Terms & Conditions:

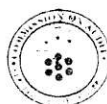
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For Imported Items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax 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.

Very truly yours,

CYNTHIA S. SANTON
Division Chief IV / FMS Chief

Certified Budget Available: Funds Available in the amount of: 48,500.00	APPROVED:
JOSE A. MONTE Fiscal Controller III	EDWARD O. ESPIRITU FC IV / FMS Chief
With in the COB: 2024	DENNIS B. ADRE Regional Vice President, PRO1
Expense Code: 10609020	By: MARLEY D. SOUBA, MD MEDICAL SPECIALIST IV
Budget: 46,560.00	016 Date: NOV 15 2024
Remarks: LHO. LU / Stds. 10	
Conforme: Enica Paramonte Signature over Printed Name and Position of Authorized Representative	Date: 11/19/24

COMMISSION ON AUDIT
AUDIT TEAM R1-94 (PHIC Group)



NOV 19 2024

RECEIVED BY: