Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Axia Bldg. Old Del Pilar-Quezon Extension Highway, Lucao, Dagupan City

POMM-P-006

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	48,500.00	48,500.00
			Size: 3 ft. (Height) x 10 ft. (Width)		
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
				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:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. 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.
4. 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.
5. 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.**
6. 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
Division Chief IV / MSD Chief

Certified Budget Available: Funds available in the amount of 48,560.00

JOSE A. MONER
Fiscal Controller III

EDWARD O. ESPIRITU
FC IV / FMS Chief

With in the COB: 2024
Expense Code: 10609020
Budget: 46,560
Remarks: LHIO-III / Stab. 10

APPROVED:

DENNIS B. ADRE
Regional Vice President, PRO1

By: NOV 15 2024
MARLENE D. SOLIBA, MD
MEDICAL SPECIALIST IV
OIC-RMD

Conforme:

Erica Ramonte Date: 11/19/24
Signature over Printed Name and Position of Authorized Representative

Date

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

NOV 19 2024

RECEIVED BY: