Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
[illegible], Dagupan City

PCMMA-P-[illegible]

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CAPTAIN PRINTS ENTERPRISES
Address: Arellano St., Dagupan City
Tel.Fax No.: 09279100542
Supplier Registered with: 175-509-705-000 nv

PO No. 2024_318
Date: 12/11/2024
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 7 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Sticket on Sintra Board Signages 3mm UV print with installation	30,135.73	30,135.73
			xxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx		
				TOTAL	30,135.73
			VAT (3%)		904.07
			EWT (1%)		301.36
			PR No. 24-1210-0502 (50299020)		
			PURPOSE: For PRO 1 USE	TOTAL - NET	28,930.30

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 their 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 [illegible] SANTOS
Division Chief IV / MSD Chief

Certified Budget Available:		APPROVED:
Funds Available in the amount of: 30,135.73		
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	DENNIS B. ADRE Regional Vice President, PRO1
2024 50299020 Budget: 30,135.73 Remarks: [illegible]	JOSE A. MONES FISCAL CONTROLLER III 12.10.2024 2024-0511	
Conforme: Christopher M. [illegible] Date: 12-18-24 Signature over Printed Name and Position of Authorized Representative		DEC 1 6 2024 Date

[illegible] AUTHORITY
JUMEL C. BRAUG
[FISCA]L CONTROLLER

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
DEC 18 2024
RECEIVED BY: [signature]