



### oublic of the Philippine PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office VIII

**6** (053) 523-8285 ⊕www.philhealth.gov.ph

PhilHealthRegion8 X teamphilhealth

# PURCHASE ORDER

(Inventoriable Items)

Supplier	NEW FI	IVE STAR TRADING AND PRINTING PRESS	Purchase Order No.:	PO-2024-08-058	
Address	238 P. B	URGOS ST. BRGY. 24, TACLOBAN CITY, LEYTE	Date:	August 2, 2024	
Tel.Fax No.	(053) 32	1-2273	Terms of Payment:	On Account	
Supplier Reg	istered	PhilGEPS No. 6867		Small Value Procurement - Section 53.9	
with:	istered	Business Tax Identification Number	Mode of Procurement:		
		004-300-555-000	_		
Gentlemen:					
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Please deliver the following article(s), product(s), supplies, or materials listed below, subject to the terms and conditions contained herein:

riea	se denver t	o this office w	rithin 20 CALENDAR DAYS upon approval of th		
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	1	unit	OFFICIAL SEAL: Standard, metal with PhilHealth Logo	5,500.00	5,500.0
2	2	unit	RUBBER STAMP: Manual, small (1) Stamp with the following inscriptions: ATTY. ANITA LOURDES C. ORIEL Attorney IV OIC - ORVP  (1) Stamp with the following inscriptions: SHERRY MAE M. PEDROSA Administrative Aide VI  *Must provide sample to PRO8 for approval prior to delivery	150.00	300.00
3	5	unit	RUBBER STAMP: Machine-Made, big  (2) Stamps with the following inscriptions: PHILHEALTH REGIONAL OFFICE VIII  LEGAL OFFICE CERTIFIED TRUE COPY  (1) Stamp with the following inscriptions: MA. DIVINA ELAISA C. CARDENAS Social Insurance Assitant I  (1) Stamp with the following inscriptions: REY M. PARCON Fiscal Controller I  (1) Stamp with the following inscriptions: MARY JANE P. TAN Social Insurance Officer II  *Must provide sample to PRO8 for approval prior to delivery	350.00	1,750.00
			*nothing follows*		
			LESS: EWT 1% 67.41 FWVAT 5% 337.05	-	7,550.00 404.40 7,145.54
			.R. No./ Requesting Unit: MSD/GSU RFQ No.: 24-05-027		
			o24-05-107 dtd. o5/08/24 otal Amount in Words: SEVEN THOUSAND ONE HUNDRED FORTY-FIVE AND 54/100.		

### Terms & Conditions:

- 1. NEW FIVE STAR AND PRINTING PRESS holds PHIC free and harmless from any claims, obligation or liability that may be caused to any third party that may be injured or harmed due to the willful, unlawful or negligent act or omission of NEW FIVE STAR AND PRINTING PRESS or any of its personnel or representative, without prejudice to any other legal action that PHIC may have against NEW FIVE STAR AND PRINTING PRESS for, in relation to the implementation of the Contract.
- 2. The agency shall impose penalty in an amount equivalent to 1/10 of one (1%) percent of the total value of undelivered goods/services for each day of the delay as liquidated damages.
- 3. If the date of receipt of the Purchase Order (P.O) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- 4. If applicable, Delivery of the above item(s) shall be made within the prescribed schedule dates. Suppliers are advised to inform MSD/General Services Unit at least two (2) days before the delivery. All item(s) delivered shall be accepted by the MSD/GSU at PhilHealth Regional Office 8, 167 P. Burgos St., Tacloban City, Leyte.
- 5. If applicable, delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 6. If applicable, defective, incompatible or non-compliant goods as to specification when quoted shall be rejected.
- 7. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled (Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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 which 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.

8. In all cases, the request for extension should be submitted before the lapse of the original delivery date. The maximum allowable extension shall not be longer than the initial delivery period as stated in the original contract.

9. If any dispute or difference of any kind whatsoever shall arise between the parties in connection with the implementation of the contract, the parties shall make every effort to resolve amicably such

dispute or difference by mutual consultation.	
CONFORME:	Received copy of P.O.:
Signature over Printed Name and	Date
Position of Authorized Representative	
Page	1 of a pages









# Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office VIII 16 167 Padre Burgos St., Tacloban City, Leyte, 6500 17 (053) 523-8285 www.philhealth.gov.ph 18 PhilHealthRegion8 x teamphilhealth

## PURCHASE ORDER

(Inventoriable Items)

Supplier NEW FIVE STAR TRADING F	AND PRINTING PRESS	_ Purchase Order No.:	PU-2024-08-058	
Address 238 P. BURGOS ST. BRGY. 24, TA	ACLOBAN CITY, LEYTE	Date:	August 2, 2024	
Tel.Fax No. (053) 321-2273		Terms of Payment:	On Account	
Supplier Registered with: PhilGEPS No. 6867		Mode of Procurement:	Small Value Procurement - Section 53.9	
Gentlemen: Please deliver the following article(s), product(	s), supplies, or materials listed below, subject	to the terms and conditions contained here	in:	
Please deliver to this office within	20 CALENDAR DAYS	upon approval of the following:		
Any legal action, suit or proceeding arising out of or known as the "Arbitration Law" and R.A. 9285, other		11	ne provisions of RA. 876, otherwise	
Whenever necessary to promote arbitration or to see out of or relating to the Contract may be instituted in				
Whenever necessary to promote arbitration or to see out of or relating to the Contract may be instituted in				
11. EFFECTIVITY CLAUSE. This agreement shall tal its obligations upon the acceptance of PHIC Purchase	1 0 0 1	d NEW FIVE STAR AND PRINTING PRES	S shall commence performance of	
		Very truly yours,  ARCHIMEDES L		
Certified Budget Available: Funds Available in the	amount of: //hp7,550.00	APPROVED:		
JOY ALVIN LAGADO  Budget Officer-Designate	KAREN G. QUIBRANZA OIC, FMS	RONALD S.		
Within the COB:  Expense Code:  Budget:  Remarks:		Regional Vice I Date Approved:	President	
CONFORME:  Signature over P Position of Authori		Received copy of P.O.:  Date	9	