

PUBLIC OF THE PHILIPPINES
PhilHealth Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158

PRID-PS-07

PURCHASE ORDER

Supplier NATIONAL BOOKSTORE, INC.
Address Edsa Shopping Terminal Shaw Blvd., Mandaluyong City
Tel.Fax No. Tel. No. 631-5415, 634-6003
Supplier Registered with: PHILHEALTH

P.O No.: 11-179-12
Date: November 20, 2012
Term of Payment: C.O.D.
Mode of Procurement: Local Shopping

Office Order No. **0017, s. 2012**

Please deliver to this office within C.O.D.

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	311	bottles	CORRECTION FLUID, THINNERBASE 20ml	36.75	11,429.25
2	54	packs	PAPER, NEON, colored, 210mm x 297mm (A4)	22.75	1,228.50
LESS:					12,657.75
EWT 1% 113.02					678.10
GMP 5% 565.08					11,979.65
RIV #					
12-0489 dtd. 07/11/12 PRSMD - Ely E. Roxas					
12-0672 dtd. 09/17/12 PRSMD - Ely E. Roxas					

Term & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
- No price increase shall be made by the supplier within seven (7) working days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incompatible or non-compliant as to 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 within three (3) calendar days.

Very truly yours,

[Signature]
LOLITA V. TULIAO, CESO V
Senior Manager, PRID

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: Php12,657.75	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	<i>[Signature]</i> OCTAVINO Q. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <i>[Signature]</i> Date