

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: **TUAN BON OFFICE SUPPLIES CORPORATION**
Address: 484 Nueva St., Binondo Manila
Tel.Fax No. 241-4133 / 242-0260, Fax No. 242-0193
Supplier Registered with: **PHILHEALTH**

P.O No.: **11-180-12**
Date: **November 20, 2012**
Term of Payment: **C.O.D.**
Mode of Procurement: **Local Shopping**

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

Office Order No. **0017, s. 2012**
from receipt hereof the following

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|--|-----|------|---|------------|--------------|
| 1 | 20 | pcs | Ink pad for Trodat Dater Machine 5460 | 170.00 | 3,400.00 |
| 2 | 1 | pc | Numbering Machine, 6-digits #1556 | 283.00 | 283.00 |
| 3 | 1 | pc | Numbering Machine, 8-digits #1558 | 412.00 | 412.00 |
| 4 | 1 | pc | Numbering Machine, 10-digits, trodat heavy duty | 550.00 | 550.00 |
| 5 | 1 | pc | Numbering Machine, 12-digits #15512 | 671.00 | 671.00 |
| LESS: | | | | | 5,316.00 |
| EWT 1% 47.46 | | | | | |
| GMP 5% 237.32 | | | | | 284.78 |
| | | | | | 5,031.22 |
| RIV # | | | | | |
| 12-0672 dtd. 09/17/12 PRSMD - Ely E. Roxas | | | | | |
| 12-0694 dtd. 09/19/12 Task Force IT Audit - Ma. Corazon C. Mabalot | | | | | |
| 12-0702 dtd. 09/21/12 PRID-GSBMD - Emily D. Briones | | | | | |
| 12-0726 dtd. 09/27/12 Comptrollership Dept. - May Ann C. Palad | | | | | |

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: Php5,316.00 | APPROVED: |
| CORAZON M. TABULAO Fiscal Controller III | LILIA R. GARRIDO Fiscal Controller III | <i>[Signature]</i> OCTAVINO O. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative |
| Within the COB: FY 2012 Expense Code: 774-10 P&S SUPPLIES Budget: 5,031.22 - UNCLASSIFIED Remarks: PRID PRID 1495-1 2012 | | |
| CONFORME: <i>[Signature]</i> Lorezon Marietan Signature over Printed Name and Position of authorized representative | | Received copy of P.O.: 12/4/12 Date |