

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 METRO SCHOOL & OFFICE SUPPLIES  
Address 472 Nueva St., Binondo, Manila  
Tel.Fax No. 242-0144 / 243-0758 / 242-0150, Fax No. 242-0169  
Supplier Registered with: PHILHEALTH

P.O No.: 11-181-12  
Date: November 20, 2012  
Term of Payment: C.O.D.  
Mode of Procurement: Local Shopping

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

from receipt hereof the following

Please deliver to this office within <u>C.O.D.</u>				
NO.	QTY	UNIT	ITEM DESCRIPTION	TOTAL AMOUNT
1	1	pc	CORKBOARD, 4x3, wall mounted	920.00
2	1	pc	DATER MACHINE TRODAT 5460 with rubber inscription (received date)	1,850.00
3	7	pc	DATER MACHINE TRODAT 5460 with rubber inscription	1,580.00
4	2	pc	TRODAT PRINTY 4911 with rubber inscription	350.00
5	1	pc	WHITEBOARD 3'x4' with stand and roller	3,135.00
				17,665.00
LESS:				
EWT 1% 157.72				946.34
GMP 5% 788.62				16,718.66
RIV #				
12-0660 dtd. 09/14/12 POMM - Roma A. Ancaja				
12-0509 dtd. 07/25/12 CARES - Sonia C. Burgos				
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				
12-0717 dtd. 09/25/12 TFCCO - Jose Bernard B. Ogayre				
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,

LOLITA V. TULIAO, CESO V  
Senior Manager, PRID

Certified Budget Available: <u>Amblaw</u>	Funds Available in the amount of: <u>Php17,665.00</u>	APPROVED:
	<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III
Within the COB: <u>1/20/12</u>	Expense Code: <u>771-10 REC - SUPPLIES</u>	
Budget: <u>\$ 17,665</u>	Remarks: <u>PhilHealth, 2011</u>	
CONFORME:		Received copy of P.O.:
<u>Signature over Printed Name and Position of authorized representative</u>		<u>12/10/12</u> Date