

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: Management Organization and Executive Development, Inc. (MOED INC) P.O No.: 11-187-12
Address: 336 Roosevelt Ave., San Francisco Del Monte, Q.C. Date: November 21, 2012
Tel.Fax No. 922-2720; 921-4377 Term of Payment: C.O.D.
Supplier Registered with: PHILHEALTH Mode of Procurement: Direct Contracting

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	11	pads	REFILL OF MOED FINANCIAL DESK CALENDAR	165.00	1,815.00
			LESS:		1,815.00
			GMP 5% 81.03		81.03
					1,733.97
			RIV # 12-0640 dtd. 09/10/12 Treasury Dept. - Melanie G. Llenos	111 - 320	

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,

CHERIE CARMEN B. DIVINA
Division Chief, PRSMD

Certified Budget Available: <u>Complete</u>	Funds Available in the amount of: <u>Php1,815.00</u>	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA E. GARRIDO</u> Fiscal Controller III	<u>for: Elaine 11/27/12</u> <u>LOLITA V. TULIAO, CESO V</u> Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FY 2012</u>	Expense Code: <u>863-00 (Printing & Binding)</u>	
Budget: <u>1,815 - Treasury Dept</u>	Remarks: <u>Rev PRID # 1495, S. 2011 mg 11/26</u>	
CONFORME: <u>ANALYN ANCIANO</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>12-04-12</u> Date