

Health Insurance Corporation

09 CityState Center Bldg.

Shaw Blvd. Brgy. Oranbo, Pasig City

Telefax No. 637-3158

PRID-PS-07

# PURCHASE ORDER

Supplier RUSTAN SUPERCENTERS, INC.  
Address Shangri-La Plaza, EDSA cor. Shaw Blvd., Mandaluyong City  
Tel.Fax No. 633-4426 / 666-3132 / Fax No. 633-0023  
Supplier Registered with: PHILHEALTH

P.O No.: 11-190-12  
Date: November 22, 2012  
Term of Payment: C.O.D.  
Mode of Procurement: Small Value Procurement

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	25	set	Christmas Grocery Gift Basket @ P4,000.00/basket-Indulgent Craving	3,995.00	99,875.00
2	30	set	Christmas Grocery Gift Basket @ P3,000.00/basket-Yule Tide Special	2,910.00	87,300.00
LESS:					187,175.00
EWT 1% 1,671.21					10,027.24
GMP 5% 8,356.03					177,147.76
RIV # 12-0850 dtd. 11/07/12 OCOB - Analyn O. Muralla					11-362

## 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: 11/20 Funds Available in the amount of: Php187,175.00  
EDITHA O. RAMASTA  
Fiscal Controller IV  
WILLIE M. BUMACOD  
Fiscal Controller IV

APPROVED:

*[Signature]*  
OCTAVINO O. ESGUERRA  
Senior Vice President, MSS  
HEAD OF THE AGENCY  
or Authorized Representative

Within the COB: CY 2012  
Expense Code: 967-06 (Matg. & Promotional)  
Budget: 187,175.-  
Remarks: Charge to OCOB per PDR 1495, S-2011

CONFORME:

*[Signature]*  
Signature over Printed Name and Position of authorized  
representative

Received copy of P.O.:

*[Signature]*  
Date