

REPUBLIC 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 **INNOVALITE ELECTRICAL ENTERPRISE**
Address **2F, Unit F & H Princetone Square Bldg., Pasig City**
Tel.Fax No. **642-4739, 330-5299, Fax No. 900-0228**
Supplier Registered with: **PHILHEALTH**

P.O No.: **12-200-12**
Date: **December 12, 2012**
Term of Payment: **On Account**
Mode of Procurement: **Small Value Procurement**

Office Order No. 0017, s. 2012

Please deliver to this office within **15 calendar days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	REFRIGERATOR, 6 cu.ft., single door, semi-automatic - Brand/Model: LG GN-V191RLZ - Moist Balance Crisper - Platinum silver, large freezer - Dimension: 525x1150x570mm Note: Five (5) Years Warranty on compressor One (1) Year Warranty on parts and service	10,995.00	10,995.00
			LESS:		10,995.00
			EWT 1% 98.17		
			GMP 5% 490.85		589.02
					10,405.98
			RIV # 12-0863 dtd. 11/12/12 TFI - Adeline A. Mesina		

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:	Funds Available in the amount of:	Php10,995.00
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	
Within the COB: 2012		
Expense Code: 238-10 Office Equipment		
Budget: 10,995.00		
Remarks: changed to TFI		

APPROVED:

LOLITA V. TULIAO, CESO V
Senior Manager, PRID
HEAD OF THE AGENCY
or Authorized Representative

CONFORME:

Jorge Verdeflor
Signature over Printed Name and Position of authorized
representative

Received copy of P.O.:

1-4-13
Date