

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: RUSTAN SUPERCENTERS, INC. P.O. No.: 12-204-12
Address: 333 Katipunan Ave., Loyola Heights, Quezon City Date: December 14, 2012
Tel. Fax No.: 928-3119 / 926-3101 Term of Payment: C.O.D.
Supplier Registered with: PHILHEALTH 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
			Various Christmas Give-Aways of Office of the President and CEO		
1	46	basket	Mini Christmas Treats	795.00	36,570.00
2	9	basket	Gift Set 3	1,299.00	11,691.00
3	62	set	French Celebration (Red Wine, 3 bottles/set)	1,195.00	74,090.00
4	41	set	Holiday Favor	395.00	16,195.00
5	34	basket	Enchanting and Bamboo Bath Set	499.00	16,966.00
6	70	bottles	Rene Barbier White, 750ml	206.00	14,420.00
7	25	basket	Mellow 2 pc Wire Gift Set, Lavender	199.00	4,975.00
8	25	basket	Mellow 2 pc Wire Gift Set, Grapefruit	199.00	4,975.00
9	50	basket	Palmer Milk Chocolate	61.25	3,062.50
10	1	set	Bath and Body Lotion Package #1	899.00	899.00
11	1	set	Bath and Body Lotion Package #2	999.00	999.00
12	15	set	Bath and Body Lotion Package #3	1,299.00	19,485.00
13	2	set	Pure Pleasure Bastmati and Palm Leaf	549.00	1,098.00
14	5	pc	Mojito	348.00	1,740.00
15	5	bottle	Tequila Rose 750ml	750.00	3,750.00
16	20	pc	Lindt Token	365.00	7,300.00
					218,215.50
LESS:					
EWT 1% 1,948.35					
GMP 5% 9,741.76					11,690.11
					206,525.39
RIV # 12-0938 dtd. 12/04/12 OP - Serene Santiago					12 - 326

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: Php218,215.50	APPROVED:
EDITHA O. RAMASTA Fiscal Controller IV	WILLIE M. BUMACOD Fiscal Controller IV	<i>[Signature]</i> OCTAVINO Q. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: PT 2012 Expense Code: 76700 MDE Budget: 218,215.50 TOP Remarks: PO for PhilHealth 12/14/12		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: 12-17-12 Date