

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 **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.: **12-220-12**
Date: December 26, 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 **C.O.D.**

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	DATER MACHINE TRODAT 5460 with rubber inscription	1,620.00	1,620.00
			LESS:		1,620.00
			EWT 1% 14.46		86.78
			GMP 5% 72.32		1,533.22
			RIV # 12-0804 dtd. 10/23/12 OAVP-NCL - Romualdo Go		

12 - 6 2 2

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
CHERIE CARMEN B. DIVINA
Division Chief, PRSMD

Certified Budget Available: <i>Confirmed</i>	Funds Available in the amount of: Php1,620.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	LOLITA V. TULIAO, CESO V Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2012	Expense Code: 774-10 (Reg. off. supplies)	
Budget: 1,620	Remarks: change to OAVP-NCL + Central	
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date