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REPUBLIC OF THE PHILIPPINES **Philippine Health Insurance Corporation**

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

PRID-PS-07

PURCHASE ORDER

		NATIONAL PRINTING OFFICE P.O No.: Date:			02-002-13 February 5, 2013	
Supplier	NAT					
Address			orthside Rd., Diliman Q.C.	Term of Payment: Mode of Procurement:	C.O.D. Agency-to-Agency der No. 0161, s. 2012	
Tel.Fax No.	925-2	185 / 925	2184 / 925-2190			
Supplier Re		d with:	PHILHEALTH			
			600	from reco	eipt hereof the	following
Please	e deliver	to this of	ffice within C.O.D.		UNIT	TOTAL
NO.	QTY	UNIT	ITEM DESCRIPTION		PRICE	AMOUNT
NO.	Q		Accounting	g Form No. 71	75.00	4,650.00
1 2	62 1000	union III is	JOURNAL VOUCHER, NUMBERED - Accounting Form No. 71 LEDGER CARD, General Ledger - Appendix No. 6		1.65	1,650.00
					t	6,300.00
1						
			_			
				02-057		
			RIV # received: 13-0024 dtd. 01/25/13 Comptrollership	Dept May Ann C. Palad		

- Non-availability of stock shall be made known to PhilHealt
- 4. 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.
- 5. 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.

	CRISTINA MONSALUD AO III-OIC, Procdrement Section
Certified Budget Available: CORAZON M. TABULAO Fiscal Controller III Within the COB: Expense Code: 374-10 (legglen of the Supplies) Budget: Remarks: Par 9884-115.5-201-2-216 13	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
CONFORME: MA TERESTIAN CRISOSTOMO Signature over Printed Name and Position of authorized representative	Received copy of P.O.: 2-11-13 Date