

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 **VICTOR HARDWARE**
Address **697-699 G. Araneta Ave., Q.C.**
Tel.Fax No. **Tel. No. 743-6761 to 63 / 743-6771 / 712-2557 / 473-4587**
Supplier Registered with: **PHILHEALTH**

P.O No.: **02-004-13**
Date: **February 13, 2013**
Term of Payment: **C.O.D.**
Mode of Procurement: **Small Value Procurement**

Office Order No. 0161, 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	1	unit	MANUAL STACKER - Model: SDJ1025 - Capacity: 1000 kg - Maximum Lift Height: 2500 mm - Minimum Lift Height: 90 mm - Fork Length: 1100 mm - Fork Width: 550 mm - Overall Length: 1640 mm - Overall Width: 740 mm - Overall Height: 1800 mm - Net Weight: 276 kg Less 20% Discount LESS: EWT 1% 561.50 GMP 5% 2,807.50 RIV # received: 02-163 13-0060 dtd. 02/06/13 PRID-RELMS - Emily D. Briones	78,610.00	78,610.00
					15,722.00
					62,888.00
					3,369.00
					59,519.00

Terms & 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.
- All deliverables should have 100% compliance on the attached Terms of Reference which will form part of this Job Order.

Very truly yours,

CRISTINA G. MONSALUD

AO III-OIC, Procurement Section

Certified Budget Available: 7/18/13	Funds Available in the amount of: Php62,888.00	APPROVED:
EDITH O. RAMASTA Fiscal Controller IV	LILIA R. GARRIDO Fiscal Controller III	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2013	Expense Code: 238-10 Office Equipment	
Budget: 718,610 - - Office Equipment	Remarks: Charged to PRID	
CONFORME:		Received copy of P.O.: 02-24-13
Signature over Printed Name and Position of authorized representative: CHARIE CARMEN B. DIVINA		Date