

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

Supplier METRO B SCHOOL & OFFICE SUPPLIES
Address 470 E.T. Yuchengco St., Brgy. 289 Binondo, Manila
Tel.Fax No. 242-0144 / 242-0150 / Fax No. 242-0169
Supplier Registered with: PHILHEALTH

P.O No.: 02-007-13
Date: February 27, 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	2	units	WHITEBOARD With stand and roller, 4x4'	3,450.00	6,900.00
			LESS:		6,900.00
			GMP 5% 308.04		308.04
					6,591.96
			RIV # received:		
			13-0023 dtd. 01/25/13 Corp. Action Center - Enrique O. Rejuso, Jr.		

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.

Very truly yours,

CRISTINA G. MONSALUD
AO III-OIC, Procurement Section

Certified Budget Available: <u>Complete</u>	Funds Available in the amount of: <u>Php6,900.00</u>	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO 3/4/13 Fiscal Controller III	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>PY 2013</u> Expense Code: <u>999-0000 - SUPPLIES</u> Budget: <u>P 6,900 / 600 - CAC</u> Remarks: <u>PO 2013 1-5-2012</u>		
CONFORME: <u>DORIE D. BATAAN</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>3/15/13</u> Date