

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 **TUAN BON OFFICE SUPPLIES CORPORATION**  
Address 484 Nueva St., Binondo Manila  
Tel.Fax No. 241-4133 / 242-0260, Fax No. 242-0193  
Supplier Registered with: PHILHEALTH

P.O No.: **04-022-13**  
Date: April 4, 2013  
Term of Payment: C.O.D.  
Mode of Procurement: Local Shopping

**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	pcs	INK PAD For Trodat Dater Machine 5460	172.00	344.00
2	1	pc	INK PAD For Trodat Printy 4912	135.00	135.00
3	2	pcs	DATER MACHINE Trodat 5460 with rubber inscription	1,919.00	3,838.00
4	3	pcs	TRODAT PRINTY, 4912 with rubber inscription	576.00	1,728.00
					6,045.00
LESS:					
EWT 1% 53.97					
GMP 5% 269.87					323.84
					5,721.16
RIV #			received:	04 - 090	
13-0009 dtd. 01/21/13 Arbitration Department - Ma. Cristine Dira					

**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: <i>Compl</i>	Funds Available in the amount of: <b>Php6,045.00</b>	APPROVED:
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA B. GARRIDO</b> 4/10/13 Fiscal Controller III	<b>CHERIE CARMEN B. DIVINA</b> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>CY 2013</i>	Expense Code: <i>774-10 (REG. OFF SUPPLIES)</i>	
Budget: <i>6045 / ARBIT</i>	Remarks: <i>PER PDR NO. 1715 s. 2012</i>	
CONFORME: <i>Coreza</i> Signature over Printed Name and Position of authorized representative 4-12-13		Received copy of P.O.: Date

COB 4-12-13 18021 LMD