

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.: 05-037-13  
Date: May 10, 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	DATER MACHINE TRODAT 5460 WITH RUBBER INSCRIPTION	1,700.00	3,400.00
					3,400.00
			LESS:		
			EWT 1% 30.36		182.15
			GMP 5% 151.79		3,217.85
			RIV # received: <b>05 - 178</b>		
			13-0080 dtd. 02/11/13 PRID-RELMS - Emily D. Briones		

**Terms & Conditions:**

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
2. No price increase shall be made by the supplier within seven (7) working days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
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.

Very truly yours,

**CRISTINA G. MONSALUD**

AO III-OIC, Procurement Section

Certified Budget Available: <u>Php 2013</u>	Funds Available in the amount of: <b>Php3,400.00</b>	APPROVED:
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. GARRIDO</b> 5/16/13 Fiscal Controller III	<b>CHERIE CARMEN B. DIVINA</b> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FF 2013</u> Expense Code: <u>774-D</u> Budget: <u>3,400.00</u> Remarks: <u>PAID BY BUREAU</u>		
CONFORME: <u>[Signature]</u> 5/17/13 Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date: