

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.: 05-038-13
Date: May 17, 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	SELF-INKING STAMP TRODAT PRINTY, 4911 with rubber inscription	590.50	1,181.00
			LESS:		1,181.00
			GMP 5% 52.72		52.72
					1,128.28
			RIV # received: 13-0012 dtd. 01/22/13 FAD - Mischelle N. Viray 13-0106 dtd. 02/19/13 TFCCO - Jose Bernard B. Ogayre	05 - 251	

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:	Funds Available in the amount of:	Php1,181.00	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III		<u>CHERIE CARMEN B. DIVINA</u> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>CY 2013</u>	Expense Code: <u>774-10 GASS 95T-01</u>	Budget: <u>P 1,181 TROD + FAD</u>	Remarks: <u>PER POR No. 1715 s. 2012</u>
CONFORME:			Received copy of P.O.:
<u>Lorena L. Carriasan</u> Signature over Printed Name and Position of authorized representative			<u>5/28/13</u> Date