

PUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158

PURCHASE ORDER

PRID-PS-07

Supplier **USHIO MARKETING**
Address 52 Banawe St., Q.C.
Tel.Fax No. 712-0027 / 712-0107
Supplier Registered with: PHILHEALTH

P.O No.: **05-042-13**
Date: May 30, 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	11	can	Car Freshener, paste	165.00	1,815.00
2	20	bottle	Car shampoo, 16 oz	345.00	6,900.00
3	9	bottle	Tire Black, 500ml	450.00	4,050.00
4	14	pc	Car Cleaner rubberize chamois type	400.00	5,600.00
LESS:					18,365.00
EWT 1% 163.97					983.84
GMP 5% 819.87					17,381.16
RIV # received: 13-0101 dtd. 02/18/13 PRID-GSBMD - Emily D. Briones					

05 - 431

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:	Php18,365.00
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	APPROVED:
Within the COB: Expense Code: <u>FIN-10</u> Budget: <u>PER-10</u> Remarks: <u>PER-10</u>	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative	
CONFORME:	Received copy of P.O.:	
Signature over Printed Name and Position of authorized representative	Date	