

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 **SUN MASTER SALES CORPORATION**

P.O No.: **06-048-13**

Address **189 Ortigas Ave., Ext., Rosario, Pasig City**

Date: **June 19, 2013**

Tel.Fax No. **656-8864, Fax No. 656-8866**

Term of Payment: **C.O.D.**

Supplier Registered with: **PHILHEALTH**

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	TIRE, size: 205R16, Wrangler AT/SA	5,705.03	11,410.06
2	2	pcs	TIRE, size: 235/70R15, Wrangler HP/AW	5,723.25	11,446.50
					<b>22,856.56</b>
LESS:					
EWT 1% 204.08					
GMP 5% 1,020.38					1,224.46
					<b>21,632.10</b>
RIV # received: <b>06-261</b>					
13-0246 dtd. 04/30/13 PRID-GSBMD - Emily D. Briones					

**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.
- Warranty of three (3) months on hidden defects

Very truly yours,

**CRISTINA G. MONSALUD**

AO III-OIC/Procurement Section

Certified Budget Available:	Funds Available in the amount of:	Php22,856.56	APPROVED:
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA B. GARRIDO</b> Fiscal Controller III		
Within the COB:	<b>CHERIE CARMEN B. DIVINA</b> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative		

CONFORME:	Received copy of P.O.:
<b>Edwin A. Natividad</b> Signature over Printed Name and Position of authorized representative	<b>6-25-13</b> Date