

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 SONOMA MARKETING  
Address 357 2/F M. De Santos St., San Nicolas Manila  
Tel.Fax No. 514-8997, Telefax No. 287-4216  
Supplier Registered with: PHILHEALTH

P.O No.: 06-051-13  
Date: June 21, 2013  
Term of Payment: C.O.D.  
Mode of Procurement: Small Value Procurement

**Office Order No. 0161, s. 2012**  
from receipt hereof the following

Please deliver to this office within <u>C.O.D.</u>				
NO.	QTY	UNIT	ITEM DESCRIPTION	TOTAL AMOUNT
1	71	pcs	ACRYLIC FRAME FOR CERTIFICATE OF RECOGNITION OF PRAISE AWARDEES	24,850.00
			LESS:	
			EWT 1% 221.88	
			GMP 5% 1,109.38	
				1,331.26
				<b>23,518.74</b>
			RIV # received: 13-0214 dtd. 04/11/13 HRD - Roanne N. Garcia	

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

Very truly yours,

CRISTINA G. MONSALUD  
AO III-OIC, Procurement Section

Certified Budget Available: <u>Completed</u>	Funds Available in the amount of: <u>Php24,850.00</u>	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: _____	Expense Code: _____	
Budget: <u>pls see at the back page.</u>	Remarks: _____	
CONFORME: <u>Signature over</u>	Signature over <u>Printed Name and Position of authorized representative</u>	Received copy of P.O.: <u>6/27/2013</u> Date

COB 6/27/2013 L00211000