

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

P.O No.: **08-070-13**
Date: August 5, 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	15	pcs	FLOOR MATTING	950.00	14,250.00
			LESS:		14,250.00
			EWT 1% 127.23		
			GMP 5% 636.16		763.39
					13,486.61
			RIV # received: 13-0370 dtd. 06/19/13 PRID-GSBMD - Emily D. Briones		
				08 - 061	

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: <u>Corazon M. Tabulao</u> Fiscal Controller III	Funds Available in the amount of: <u>Php14,250.00</u> <u>Lilia B. Garrido</u> Fiscal Controller III	APPROVED: CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>fy 2013</u> Expense Code: <u>770-10</u> Budget: <u>914,250.00</u> Remarks: <u>pay PhilHealth, s. 2013</u>		
CONFORME: <u>VIOLY G. Garrido</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date: