

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 **JB MUSIC & SPORTS, INC.**
 Address Lower Ground Flr. Bldg. B. SM Megamall, Mandaluyong City
 Tel.Fax No. 635-5691 to 92
 Supplier Registered with: PHILHEALTH

P.O No.: **10-119-13**
 Date: October 18, 2013
 Term of Payment: C.O.D
 Mode of Procurement: Small Value Procurement

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	1	UNIT	CLASSIC GUITAR Valencia CG180CE	6,480.00	6,480.00
2	2	UNITS	LYRIC SHEET STAND - <i>Cancelled</i> Hercules BS100CB	825.00	1,650.00
					8,130.00
LESS: EWT 1% 72.59 GMP 5% 362.95					435.54
					7,694.46
RIV #			10-318		
13-0630 dtd. 09/23/13 Corcom					

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,

[Signature]
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>Amplified</i>	Funds Available in the amount of: Php8,130.00
CORAZON M. TABULAO Fiscal Controller III <i>[Signature]</i>	LILIA R. GARRIDO <i>10/22/13</i> Fiscal Controller III
Within the COB: 2013 Expense Code: 238-10 (Office Equipment) Budget: 8,130.00 Remarks: Charged to Corcom (5771) <i>10/23</i>	

APPROVED:

[Signature]
LEILA S. TUAZON

OIC Head - SBAC
 HEAD OF THE AGENCY
 or Authorized Representative

CONFORME: *[Signature]*
MICHAEL N. NOBIA
 Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

Date