REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
6flr.Trinidad Bldg,Yacapin-Corrales Sts.
Cagayan de Oro City
Telefax # 71-12-06

PURCHASE ORDER

Supplier **DATAWORLD COMPUTER CENTER**
Address **Cagayan de Oro City**
Tel/Fax **088-897-3954**
RIV # . **448-05R**
Date **May 15, 2013**

P.O.No. **1305P-153**
Date **May 23, 2013**
Terms of payment : **20-30 DAYS**
Mode of Procurement : **SHOPPING**

Supplier Registered with :

Please deliver to this office within 1° working days from receipt hereof the following:

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT
	4	pcs	Ink Cartridge HP deskjet #22	860.00	3,440.00
	4	pcs	Ink Cartridge HP deskjet #21	750.00	3,000.00
			for Printing of Accreditation Certificate	Total	6,440.00
			xxxxxxxxxxnothing followsxxxxxxx		xxxxxxxxxx

WITHIN THE ___ 2013

Terms & Conditions:

1. Purchase Order (PO) shal 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) 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, incomplete or non-compliant as 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" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.
6. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.

MARIA RHODELLA S. PARE
Chief, Management Services Division

Funds available in the amount of : ₱ 6,440

FRANCIS A. DACUT
Comptrollership Unit Head -Designate

Approved :

DATU MASIDING M. ALONTO,JR. 5|24
Regional Vice President

Received copy of P.O. on _____
By: _____
Name and Signature of
Supplier/Representative