



## Philhealth Regional Office V FEB 1 7 2014 MBB POMM-P- 006

## **PURCHASE ORDER**

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		OFFICE/DEP	ARTMENT:PRO		
Supplier:	ALSON'S TRADING			PO No.	14-02-003
Address:	Legazpi City			Date:	2-17-14
Tel.Fax No.:			Terms of	Payment: Ch	narge
Supplier Regist	tered with:		Mode of Proc	urement: Pu	ublic Bidding
Please d	leliver to this office within	from receipt hereof the following:			

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5	unit	Aircon, Split & Package Type, 5.0 TR, Ceiling  Mounted, Koppel, KCM-60RIA  Supply & Installation, Materials & Labor	121,765.00	608,825.00
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## 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.

Note: This serves as a Notice to Proceed

LORENA M. RUBIS
Chief, Mgt. Services 1

Certified Budget Available:	Funds Available in the amount of:	APPROVED:
LERI L. MAGAN Budget Officer Designate	SHIRLEY S VICTORIA  Fiscal Controller IV	1
With in the COB:  Expense Code:  Expense CAPEX (	2013 CONTINUING APPROP) 238-00	ORLANDO D. IÑIGO, JR.  Regional Vice-President
Remarks:	NO BAS ENTRY	
Mani	Name and Position of Authorized Representative	2/28/19 Date

