

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: PRO

Supplier: BODEGA GLASSWARE  
Address: Naga City  
Tel. Fax No.: \_\_\_\_\_  
Supplier Registered with: \_\_\_\_\_

PO No. 14-02-004  
Date: 2-24-14  
Terms of Payment: Charge  
Mode of Procurement: Public Bidding

Please deliver to this office within 30 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	unit	Finger Scanner, David Link, DLA-IID	13,975.00	27,950.00
	1	unit	Paper Shredder, Admiral, T-818	10,489.00	10,489.00
	1	unit	Water Dispenser, Camel, CWD16HC-DP1	5,184.00	5,184.00
	12	unit	Facsimile Machine, Sharp, F0-71	5,089.00	61,068.00
	5	unit	Portable Sound System w/ Microphone, Daichi, PA-8030	26,869.00	134,345.00
	2	unit	Microphone, Wireless, Heavy Duty, Daichi, FV-812	3,994.00	7,988.00
			----- PRO & LHIO use		<u>247,024.00</u>

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) 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.

Very truly yours,

**Note. This serves as a Notice to Proceed**

ROSIE B. SALVIDAR  
HRMO II / Acting Head Admin. Section

Certified Budget Available: _____	Funds Available in the amount of: <u>247,024-</u>	APPROVED:
<u>LERI L. ILAGAN</u> Budget Officer Designate	<u>SHIRLEY S. VICTORIA</u> Fiscal Controller IV	<u>ORLANDO D. IÑIGO, JR.</u> Regional Vice-President
With in the COB: <u>2013</u>	Expense Code: <u>CAPEX (CONT APPROP) 238-00, 238-30</u>	
Bdget: <u>247,024.00</u>	Remarks: <u>NO BAS ENTRY</u>	
Conforme: <u>VERA LYN Q. TOPAS</u>	Signature over Printed Name and Position of Authorized Representative	<u>Feb. 26, 2014</u> Date

