



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
ANST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

POMM-P-006

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE V

Supplier: DESING & FUNCTION, INC  
Address: 15 floor cityland megaplaza bldg. ADB Ave., cor. Garnet road,  
Tel. Fax No.: ortigas Center, Pasig City  
Supplier Registered with: \_\_\_\_\_

PO No. 14-02-05  
Date: 26-Feb-14  
Terms of Payment: charge  
Mode of Procurement: public bidding

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
			Roller Blinds / Roll - up Blackout		
	1 lot		roller blinds - 2268.39 sq. Ft PRO V	180.47	409,374.54
	1 lot		roller blinds - 354.40 sq.ft cam.sur	180.47	63,958.57
	1 lot		roller blinds - 194.50 sq.ft cam. norte	180.47	35,101.42
	1 lot		roller blinds - 259.89 sq.ft sorsogon	180.47	46,902.35
	1 lot		rollor blinds - 170 sq ft masbate	180.47	30,679.90
	1 lot		roller blinds - 35 sq ft catanduanes	180.47	6,316.45
					592,333.23

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,

ROSIE B. SALVIDAR

HRMO III / ACTING AO IV

NOTE: This serves as a Notice to proceed

Certified Budget Available:	Funds Available in the amount of: <u>592,333.23</u>	APPROVED:
LERI L. LAGAN	SHIRLEY S. VICTORIA	
Budget officer Designate	Fiscal Controller IV	
With in the COB: <u>2013</u>		DAVID I. ESCANDOR
Expense Code: <u>CAPEX (CONT APPROP) 230-00</u>		OIC RVP - PROV
Bdget: <u>592,333.23</u>		
Remarks: <u>NO BAS ENTRY</u>		
Conforme:		
<u>Teri M. Rosdado</u>		<u>March 05, 2014</u>
Signature over Printed Name and Position of Authorized Representative		Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
6. This form shall be prepared in 3 copies distributed as follows: