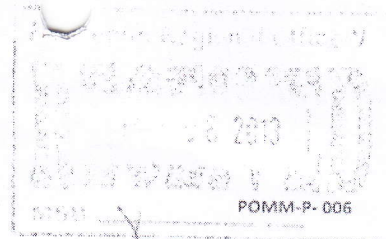


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
ANST BLOC III ALTERNATE RD LEGAZPI CITY 4815597



PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE V

Supplier: REALFORM FURNITURE SHOP
Address: 22 Saturn st. Bricktown Subd. Moonwalk vill. Paranaque City
Tel.Fax No.:
Supplier Registered with:

PO No. 13-10-106
Date: 10-31-13

Terms of Payment: CHARGE
Mode of Procurement: Public Bidding

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	6	units	Clerical Table	7,750.00	46,500.00
	2	units	Conference Table	19,500.00	39,000.00
	1	unit	coffee Table	11,200.00	11,200.00
					96,700.00

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.

NOTE: This serves as a Notice to proceed

Very truly yours,

LORENA M RUBIS

Chief - MSD

Certified Budget Available: Funds Available in the amount of: 96,700		APPROVED:
LERI L. ILAGAN	SHIRLEY S. VICTORIA	
Budget officer Designate Fiscal Controller IV		ORLANDO B. IRIGO JR. RVP - PROV
With in the COB: <u>CAPEx (Cont. APPROP)</u> Expense Code: <u>239-60</u> Budget: <u>96,700</u> Remarks: <u>NO BAS ENTRY</u>		
Conforms: <u>KATHERINE M. DELA PUENTE (SALES EXECUTIVE)</u> Signature over Printed Name and Position of Authorized Representative		OCT. 20, 2013 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:

- 1 copy - PRIO
- 1 copy - Comptrollership Dept.
- 1 copy - COA

