

POMM-P-006

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



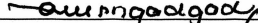


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Terms & Conditions:

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 P.O.
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, non-compliant as to 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.

Very truly yours,

IMELDA CRISTETA D. VILLAMAR
Division Chief, MSD

Certified Budget Available	Funds Available in the amount of: PhP 612-75	APPROVED:
 LILIBETH M. PALACI Fiscal Examiner A/ Budget Officer - Des.	 MARIA LINDA H. GADINGAN Fiscal Controller III	 ATTY. JERRY F. IBAY Regional Vice President
Within the COB: 2013 Expense Code: 774-70 Budget: Remarks:		
Conformer:   Signature over Printed Name and Position of Authorized Representative	Date	