

COA Copy

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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: ARVEN & VHEA'S CANTEEN
Address: Amado Tapuac, Dagupan Pangasinan
Tel.Fax No.: 9083154375
Supplier Registered with: 259-039-116-000 VAT

PO No. 14-006
Date: 1/23/2014
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within on January 27, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	47	pax	AM & PM Snacks, Lunch	320.00	15,040.00
			(Please see attached Menu)		
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
			Less: TAX		
			VAT (5%/1.12)	671.43	
			EWT (1%/1.12)	134.29	805.71
			RIV# 14-0117-0076		
			PURPOSE: PRO 1 CAREs Re-orientation on the Governing Policies and Implementing Rules and Guidelines on ALL CASE RATES	TOTAL	14,234.29

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,

Jan 1-23-14
CYNTHIA S. SANTOS

DIVISION CHIEF IV, MSD

Certified Budget Available: JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>14,040.00</u> JANE C. RAGOS Fiscal Controller IV	APPROVED: ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
With in the COB: <u>1/23/14</u>	Expense Code: <u>410-111</u>	 Received By: <u>[Signature]</u> Time: <u>4:35 PM</u>
Bdget: <u>14,040.00</u>	Remarks: <u>PER ATTACHED MEMO DTD 1/16/14</u>	
Conforme: Rizalinda V. Reyes	Date: <u>1/27/14</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:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier