

**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: J. SISON FRAME SHOP & LAMINATION  
Address: Fernandez St., Dagupan City  
Tel.Fax No.: 522-5024  
Supplier Registered with: 946-392-096-000 NV

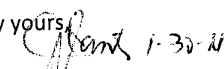
PO No. 14-007 / IAR No. 001  
Date: 1/30/2014  
Terms of Payment: Charge  
Mode of Procurement: Shopping


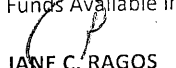


Please deliver to this office within 2 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	4	pcs	Wall frame for COA Vision, Mission, etc.		
			Sizes:		
	3	pcs	18 x 23, 25/6 Blue	485.00	1,455.00
	1	pc	13 1/2 x 18 Brown	750.00	750.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>2,205.00</b>
			Less: TAX		
			.VAT (3%)		66.15
			RIV# 14-0120-0005		
			PURPOSE: For COA office use	<b>TOTAL</b>	<b>2,138.85</b>

**Terms & Conditions:**

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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,  
  
**CYNTHIA S. SANTOS**  
DIVISION CHIEF IV, MSD

<p>Certified Budget Available: _____ Funds Available in the amount of: <u>2,205</u></p> <p> <b>JOSE A. MONES</b> Fiscal Controller III</p> <p> <b>JANE C. RAGOS</b> Fiscal Controller IV</p> <p>With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____</p> <p>Conforme: _____  <b>Charito F. SISON</b> Date: <u>2-4-14</u> Signature over Printed Name and Position of Authorized Representative</p>	<p>APPROVED:</p> <p> <b>ELVIRA C. VER</b></p> <p>REGIONAL VICE PRESIDENT, PRO1</p> <p style="text-align: center;"><u>1/30/14</u></p> <p>Date _____</p>
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**INSTRUCTIONS ON HOW TO USE THIS FORM:**

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier

