

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: LIMPAN COMMERCIAL  
Address: AB Fernandez Ave. Dagupan City  
Tel.Fax No.: 523-0478  
Supplier Registered with: 102-278-100-000 V


PO No. 14-008 / IAR No. 002  
Date: 1/30/2014  
Terms of Payment: Charge  
Mode of Procurement: Shopping







Please deliver to this office within 1 month from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pcs	Long Envelope	1.75	35.00
	20	pcs	Short Envelope	1.25	25.00
	6	btls	Alcohol 500ml (70%)	75.00	450.00
	3	bxs	Red Ballpen @50pcs/box (HBW9801)	3.90	585.00
	3	bxs	Black Ballpen @50pcs/box (HBW9801)	3.90	585.00
	6	pcs	Correction Tape (Re-write Brand)	24.00	144.00
	5	pads	Yellow Paper (Excellent)	16.00	80.00
	10	rms	Short Bookpaper (8.5 x 11)	123.00	1,230.00
	10	pcs	Expanding Envelope- Long (Kraft Color)	6.50	65.00
	6	pcs	HP Laserjet 1010 Toner (12A)	2,990.00	17,940.00
	3	bxs	Pencil @12pcs/box (T-Pencil)	4.00	144.00
	3	pcs	1 inch scotch tape	12.00	36.00
	5	bxs	Staple Wire #35 Easy Brand	22.00	110.00
	3	pcs	Calculator (Casio-12 digits MX -120s)	280.00	840.00
	20	pcs	Long Folder	3.10	62.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	22,331.00
			Less: TAX		
			VAT (5%/1.12)	996.92	
			EWI (1%/1.12)	199.38	1,196.30
			RIV# 14-0120-0003 - 4		
			PURPOSE: For COA office use	TOTAL	21,134.70

Terms & Conditions:

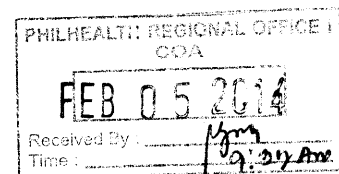
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of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

Certified Budget Available:	Funds Available in the amount of: <u>22,331</u>	APPROVED:
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV	 ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
With in the COB: 		1/30/14
Expense Code: 		
Bdget: 		
Remarks: 		
Conforme: 	Date: <u>2/4/14</u>	Date
Signature over Printed Name and Position of Authorized Representative		

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



- This form shall be filled up by the buyer-canvaser and the Procurement Section head.
- List down all items for procurement with specifications.
- It is important also to get the commitment of the supplier as to delivery time.
- Supplier fills up the available supplies / materials with corresponding price per item.
- This form shall be prepared in 3 copies distributed as follows:  
1 copy - PRID 1 copy - Comptrollership Dept. 1 copy - COA