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

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BOOKWORLD MERCHANDISING

PO No. 14-009 / IAR No. 003

Address:

AB Fernandez St. Dagupan City

Date: 1/30/2014 Terms of Payment: Charge

Tel.Fax No.:

Supplier Registered with:

522-0768

102-279-328-000 V

Mode of Procurement: Shopping

Please deliver to this office within 2-3 weeks working days from receipt hereof the following:

NO.	QTY UNIT		ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
<u> </u>	15	pcs	Sign pen, 5 red,blue,black (My Gel)	18.00	270.00	
	3	pcs	Pentel Pen (Black)- Board Marker (Writek)	24.00	72.00	
	3	pcs	Pentel Pen (Red) (Writek)	24.00	72.00	
	2	pcs	Flashdrive (kingston-4gb)	450.00	900.00	
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	1,314.00	
			Less: TAX			
			VAT (5%/1.12)		58.66	
			RIV# 14-0120-0003 ~ 4			
			PURPOSE: For COA office use	TOTAL	1,255.34	

Terms & Conditions:

- 1. Purchase Order (PO) shal 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. 3.
- 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.

Certified Budget Available:	Funds Available in the amount of: 1, 14.00	APPROVED:
OSE A. MONES	JANEE. RAGOS	
Fiscal Controller III	Fiscal Controller IV	Am
Vith in the COB:		ELVIRA C. VER
xpense Code:	Manufacture (1997) (199	REGIONAL VICE PRESIDENT, PRO1
dget:		./. /
temarks:	/	1/32/14
Conforme:	they .	
MIR TH	MANUTHO Date: 2/11/14	
Signature over Printed N	lame 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	- Com	otrol	ershi	p De	pt

1 copy - COA

1 copy - Supplier