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, GE	NERAL SERVICE UNIT
---	--------------------

	OTTICE/ DET ARTIVIERT: ADMINISTR	WATER SECTION, SEITEME SEITTIGE STILL	
Supplier:	KC RICHWEALTH COMPUTERS	PO No.	14-010 / IAR No. 004
Address:	Rizal St., Dagupan City	Date:	1/30/2014
Tel.Fax No.:	522-0188	Terms of Payment:	Charge
Supplier Registered		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
	20	pcs	Morocco Folder, (Green-Short)	6.00	120.00
	3	pcs	Brother Drum Kit (DR 2025)	4,695.00	14,085.00
	10	rms	Long Bookpaper	135.00	1,350.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	15,555.00
\dashv			Less: TAX		
			VAT (5%/1.12)	694.42	
			EWT (1%/1.12)	138.88	833.30
			RIV# 14-0120-0003 - ◀		
			PURPOSE: For COA office use	TOTAL	14,721.70

Terms & Conditions:

4

- 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.
- 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, Cont 1 35 14 <u>CYNTHIA'S, SANTOS</u> DIVISION CHIEF IV, MSQ

Certified Budget Available:	Funds Available in the amount of:	APPROVED:
OSE A. MONES Fiscal Controller III With in the COB: Expense Code: Bdget: Remarks:	JANEC. RAGOS Fiscal Controller IV	ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
Conforme: 2-4-1	Date:	
	Name and Position of Authorized Representative	Date
NSTRUCTIONS ON HOW TO USE	THIS FORM:	PHILHEALTH REGIONAL OFFIC

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

1. This form shall be filled up	by the buyer-canvasser and	the Procurement Section head

- 2. 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.
- 5. This form shall be prepared in 3 coipies distributed as follows:
 1 copy PRID 1 copy -

original copy attoaccu