



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

11)

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: CSI WAREHOUSE & APPLIANCES
 Address: Lucao District, Dagupan City
 Tel.Fax No.: 522-9488
 Supplier Registered with: 005-333-806-000 V

PO No. 14-011 / IAR No. 005
 Date: 1/30/2014
 Terms of Payment: Charge
 Mode of Procurement: Shopping

Please deliver to this office within **1 day** from receipt hereof of the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	Trashcan, small with cover <i>4 BIG W/ COVER</i>		334.00
12	12	pcs	Plates	51.50	618.00
12	12	pcs	Fork		224.00
12	12	pcs	Spoon		224.00
6	6	pcs	Saucer		144.00
6	6	pcs	Cups		174.00
6	6	pcs	Glasses	48.00	288.00
1	1	pc	Dish Dispenser with cover		1,098.00
6	6	pcs	Bowl		192.00
2	2	pcs	Ladle		115.00
6	6	pcs	Teaspoon	7.50	45.00
			XXXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXXX	TOTAL	3,456.00
			Less: TAX		
			VAT (5%/1.12)		154.29
			RIV# 14-0120-0005		
			PURPOSE: For COA office use	TOTAL	3,301.71

PHILHEALTH REGIONAL OFFICE
 COA
FEB 17 2014
 Received By: *[Signature]*
 Time: *9:40 AM*

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,
[Signature]
CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>P 3,306.80</u> JOSE A. MONES Fiscal Controller III With in the COB: <u>2014</u> Expense Code: <u>111</u> Bdget: <u>COA</u> Remarks: _____ Conforme: <u>[Signature]</u> <u>Jane C. Ragos</u> Signature over Printed Name and Position of Authorized Representative Date: <u>2/14/14</u>	APPROVED: <u>[Signature]</u> <u>2/14/14</u> ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1 Date
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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