



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

Supplier: JAM SWEET JAM
Address: 127 Guilig Street Dagupan City
Tel.Fax No.: 529-6282
Supplier Registered with: 102-281-938 V

PO No. 14-013
Date: 2/4/2014
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within **on February 5, 2014** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	28	pax	Meals (AM & PM Snacks, Lunch)	400.00	11,200.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx		
			Less: TAX		
			VAT (5%/1.12)	500.00	
			EWT (1%/1.12)	100.00	600.00
			RIV# 14-0203-0138		
			PURPOSE: FOD Meeting with LHIO Heads	TOTAL	10,600.00

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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
CYNTHIA S. SANTOS
DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>11,200</u>		APPROVED: <i>Elvira C. Ver</i> ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1 <u>2/5/14</u>
<i>Jose A. Mones</i> JOSE A. MONES Fiscal Controller III	<i>Jane C. Ragos</i> JANE C. RAGOS Fiscal Controller IV	
With in the COB: <u>2/4/14</u> Expense Code: <u>102-410</u> Bdget: <u>FOD</u> Remarks: _____		Date: <u>2/5/14</u>
Conforme: <i>Monette T. Fcol</i> MONETTE T. FCOL Signature over Printed Name and Position of Authorized Representative		

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