



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: ALAD BAR & RESORT  
 Address: Caoayan, Ilocos Sur  
 Tel.Fax No.: 077-722-7438  
 Supplier Registered with: 922-445-782-000 VAT

PO No. 14-016  
 Date: 2/13/2014  
 Terms of Payment: Charge  
 Mode of Procurement: Shopping

Please deliver to this office within on February 15, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	26	pax	AM Snacks	100.00	2,600.00
	26	pax	Lunch	200.00	5,200.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	<b>TOTAL</b>	<b>7,800.00</b>
			<b>Less: TAX</b>		
			VAT (5%/1.12)		348.21
			RIV# 14-0212-0160		
			PURPOSE: Employees Day for Ilocos Sur LHIO	<b>TOTAL</b>	<b>7,451.79</b>

**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,

*[Signature]*  
**CYNTHIA S. SANTOS**

DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>7,451.79</u>		- APPROVED:  <i>[Signature]</i> <b>ELVIRA C. VER</b> REGIONAL VICE PRESIDENT, PRO1 <u>2/13/14</u>
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV <i>on leave</i>	
With in the COB: <u>2014</u> Expense Code: <u>99-03</u> Bdgct: <u>XXXXXXXXXX</u> Remarks: _____		Date: _____ Signature over Printed Name and Position of Authorized Representative
Conforms: <i>[Signature]</i> <b>GERALYN R. OUTDADO</b>		

**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 - CCA

1 copy - Supplier