



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: LIMPAN COMMERCIAL  
Address: AB Fernandez Ave. Dagupan City  
Tel.Fax No.: 523-0478  
Supplier Registered with: 102-278-100-000 V

PO No. 14-017 / IAR No. 006

Date: 2/14/2014

Terms of Payment: Charge

Mode of Procurement: Shopping

Please deliver to this office within **14-21 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	184	pcs	Packaging Tape (size 2 inches x 90m) XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	36.00	6,624.00
			Less: TAX VAT (5%/1.12)		295.71
			RIV# 14-0210-0006		
			PURPOSE: For hauling of corrugated boxes for transfer, from Calasiao warehouse to new warehouse/new location	<b>TOTAL</b>	<b>6,328.29</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,

CYNTHIA S. SANTOS

DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>6,624</u>		APPROVED:  <u>ELVIRA C. VER</u> REGIONAL VICE PRESIDENT, PRO1
JOSE A. MONES Fiscal Controller III	JANE C. RAGOS Fiscal Controller IV	
With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____		Date: _____
Conforme: <u>GIRLIE GAPUZ</u> 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