PURCHASE ORDER

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

	OFFICE/DEPARTMENT: ADMINISTRATI	VE SECTION , GENERAL SERVICE UNIT PO No. 14-020 / IAR No. 009		
Supplier:	ALPHA PRINTING PRESS	Date: 2/26/2014		
Address:	130 Guilig St., Dagupan City	Terms of Payment: Charge		
Tel.Fax No.:	522-2595	Mode of Procurement: Shopping		
Supplier Registe	ered with: 113-892-963 V			

Please deliver to this office within 2-3 weeks from receipt hereof the following:

	QTY	UNIT	TEN DESCRIPTION	UNIT PRICE	TOTAL AMOUNT 14,000.00
NO.				0.40	
	35,000	pcs	Family Health Card (Sponsored Members)		11 250 00
	15,000 pcs		PhilHealth Number Card (Employed & IPM-Individual Paying	0.75	11,250.00
		pes	Member)		
			Specification		
			Size: 9cm x 6cm		
			Stock: Vellum #100lbs		
			Color: Full Color, 2-sided print		
			Process: Offset Printing		
			Others: CD supplied with perforation	2 00	3,000.00
	1,500	pcs	Non-Paying Cards (Lifetime Member)	2.00	
	1,500		Specification		
			Size: 6cm x 12cm per card		a second to the second se
··· ·· -			Stock: Vellum #100lbs		
			Print: 2-side print		and present and the present of the present of the second
			Color: Front Full Color		
			Others: with Perforations		28,250.00
			xxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxx	TOTAL	20,250,00
			Less: TAX		
			VAT (5%/1.12)	1,261.16	1,513.39
			EWT (1%/1.12)	252.23	1,010,00
···· -·			PR# 14-0108-0001		
			PURPOSE: For 1st Quarter of CY 2014 supplies	TOTAL	26,736.61

Terms & Conditions:

1. Purchase Order (PO) shal 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.

Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. 3.

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.

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Certified Budget Available: JOSE A. MONES Fiscal Controller III With in the COB: Expense Code: Bdget: Remarks: Conforme: Why hy h	Funds Available in the amount of: 25,270 JANE-C. RAGOS Fiscal Controller IV FEB 2,7,2014 FEB 2,7,2014 Joint C3 PM	APPROVED: MMW2/W/14 VELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
	e and Position of Authorized Representative	Date

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:

Very truly yours in the

POMM-P- 006

