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Republic of the Philippines
[PHIL]IPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

FORM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: ROBINSON'S HANDYMAN INC.
Address: Nepo Mall Arellano St., Dagupan City
Tel Fax No.: 523-0094
Supplier Registered with: 003-888-229-039 VAT

PO No. 14-039 / IAR No. 026
Date: 4/14/2014
Terms of Payment: Charge
Mode of Procurement: Shopping

Please deliver to this office within **1-2 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	unit	Tissue Holder (cremona) SKU:166164 (w/ cover)	749.75	749.75
			Less: TAX VAT (8%/1.12)		33.47
			PR# 14-0404-0207		
			PURPOSE: For ORVP Office use	TOTAL	716.28

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: 749.75

JOSE A. MONES
Fiscal Controller III

JANE C. RAGOS
Fiscal Controller IV

With in the COB:
Expense Code:
Bdget:
Remarks:

APPROVED:

ELVIRA C. VER
REGIONAL VICE PRESIDENT PRO1

Conforme:
GLADYS MAY PARAYNO / SSD Date 04-21-2014
Signature over Printed Name 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 goods.
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

PHILHEALTH REGIONAL OFFICE I
COA
APR 2 2 2014
Received By: [signature]
Time: 9:14 am