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Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 1st Commercial Bldg., Francisco Duque St., Taguac District, Taguac City

PURCHASE ORDER

POMM-P-006

Supplier: **BIFSTOP INCORPORATED**
 Address: **127 Guillo St., Dagupan City**
 Tel/Fax No.: **515-8750-54**
 Supplier Registered With: **005-333-830-000 VAT**

PO No. 14-040 / IAR No. 027

Date: 4/14/2014

Terms of Payment: Charge

Mode of Procurement: Shopping

Please deliver to this office within **1-15 working days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	PC Power Supply Watts & Brand: 600 watts (Gallenc)	550.00	550.00
			Less: TAX VAT (5%/1.12)		24.55
			PR# 14-0310-0194		
			PURPOSE: FORMS LTR		
			TOTAL		525.45

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>100</u>	APPROVED:
JOSUA MONES Fiscal Controller III		JANE S. RAGOS Fiscal Controller IV	 CYNTHIA S. SANTOS REGIONAL VICE PRESIDENT, PRO1
With in the COB: <u>100</u> Expense Code: <u>100</u> Budget: <u>100</u> Remarks:			
Conforms: <u>100</u> Signature over Printed Name and Position of Authorized Representative: <u>100</u> Date: <u>04/21/14</u>		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 accompanied 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 aspect.
3. All other terms and conditions stated herein are valid upon completion of signatures 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

