Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

PDMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: JVE TRADING
Address: 116 E Greenville Homes, Baesa, Caloocan City
Tel.Fax No.: (02) 547-9203 / 0942-3521796 / 0915-3193018
Supplier Registered with: 314-892-457-000 V

PO No. 14-067 / IAR No. 048
Date: 6/24/2014
Terms of Payment: payment upon delivery
Mode of Procurement: Shopping

Please deliver to this office within **2-3 days (freight free)** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	cart	Toner Cartridge, HP Laserjet Toner CC531A, cyan	5,075.00	5,075.00
	1	cart	Toner Cartridge, HP Laserjet Toner CC532A, yellow	5,075.00	5,075.00
	1	cart	Toner Cartridge, HP Laserjet Toner CC533A, magenta	5,075.00	5,075.00
	45	cart	Toner Cartridge, Toner for HP Laserjet Printer M602 CE390A	6,975.00	313,875.00
			Warranty: Up to the last copy	TOTAL	329,100.00
			Less: TAX		
			VAT (5%/1.12)	14,691.96	
			EWT (1%/1.12)	2,938.39	17,630.35
			PR# 14-0630-0037		
			PURPOSE: For 2nd Quarter of CY 2014 supplies	TOTAL	311,469.65

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, **a penalty of one-tenth (1/10) of one percent (1%) for every day of delay** shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
6. 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 to specification when quoted.
7. 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,
6/25/14
CYNTHIA S. SANTOS
DIVISION CHIEF IV, MS

Certified Budget Available.
[illegible] A. MONES
Fiscal Controller III

Funds Available in the amount of [illegible]
JANE C. RAGOS
Fiscal Controller IV

APPROVED:

JUN 26 2014
4:22 PM

ELVIRA C. VER
REGIONAL VICE PRESIDENT, PRO1

Voucher No.:
Expense Code:
Budget:
Remarks:

Conforme:
Sandy Perez
06-25-14
Date:
Signature over Printed Name and Position of Authorized Representative

6/26/14
Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for simple purchases of [illegible] delivery & other simple delivery items.
2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief [illegible] Senior Manager [illegible] quotation and it has met the required specs.
3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
4. [illegible] must be utilized 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