



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: GLEDCO PO No. 14-077  
Address: Laoag City Hall, Brgy. 10 Laoag City Date: 7/8/2014  
Tel. Fax No.: 077-772-8828 Local 602 Terms of Payment: Charge  
Supplier Registered with: 005-511-934 NV Mode of Procurement: Shopping

Please deliver to this office within on July 9, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	37	pax	Meals (Catering Services)	220.00	8,140.00
			xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxx		
			Note: Tax Exempted - Cooperative		
			RIV# 14-0627-0281		
			PURPOSE: Health Care Provider's Meeting for Ilocos Norte LHIO	TOTAL	8,140.00

#### 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 as 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,

*[Signature]*  
CYNTHIA S. SANTOS  
DIVISION CHIEF IV, MSD

Certified Budget Available: <u>Jose A. Mones</u> Fiscal Controller III	Funds Available in the amount of: <u>P 8,140.00</u> <u>Jane C. Ragos</u> Fiscal Controller IV	APPROVED: <u>[Signature]</u> REGIONAL VICE PRESIDENT, PRO I
With in the COB: <u>2014</u> Expense Code: <u>7014</u> Bdget: <u>Health Unit</u> Remarks:	<u>PhilHealth Regional Office I</u> <u>COA</u> <b>JUL 09 2014</b> <u>[Signature]</u> <u>3:34 PM</u>	
Conforme: <u>Jacqueline C. Alejandro</u> Signature over Printed Name and Position of Authorized Representative	Date: <u>7/9/14</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 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 writing to the Comptroller-in-Chief Department upon approval of the PO.