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

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

PO No. 14-079 / IAR No. 055

Date: 7/18/2014

Supplier: **L'IMPAN COMMERCIAL**
 Address: **378 AB Fernandez Ave., Dagupan City**
 Tel/Fax No: **5230478**
 Supplier Registered with: **102-278-100-000 V**

Terms of Payment: **Charge**
 Mode of Procurement: **Shopping**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
8	75	pc	LAMINATING FILM 250 micron, 63x95mm	1.17	87.75
10	10	pc	MANILA PAPER Brown	2.40	24.00
5	5	pc	MARKER Metallic, gold small	98.00	480.00
3	5	pc	MARKER Metallic, silver small	98.00	288.00
	1	pc	MARKER Metallic, silver small	118.00	229.628.00
	1946	ream	PAPER Bond, Sub-20, Short	183.00	3,590.00
	30	box	RUBBER BAND small, not less than 350 grams	630.00	830.00
	1	pc	STAMP Self-Inking Stamp, Color, #40		
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	10,295.77	
			EWT (1%/1.12)	2,095.35	12,396.12
			PRN 14-0528-0036		
			PURPOSE: For 2nd Quarter of CY 2014 Supplies		
			TOTAL		222,531.63

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Purchase Order (PO) shall be accepted by the supplier within seven (7) days from the date of the acceptance of PO.
- NO price increase shall be made by the supplier before the delivery of goods and/or services.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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: **235,127.25**

APPROVED:

JOSE A. MONES
 Fiscal Controller III

JANIE RAGOS
 Fiscal Controller IV

Within the COB:

Expense Code:

Budget:

Remarks:

Conforme:

GIRLIE GAPUZ

Date:

PHILHEALTH REGIONAL OFFICE
 COA

JUL 18 2014

Received By:

Time:

REGIONAL VICE PRESIDENT, PRO1

Signature over Printed Name and Position of Authorized Representative:

Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one-time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager in the which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatures of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:
 1 copy - Comptrollership Dept.
 1 copy - COA
 1 copy - Supplier

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