

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: SKYFOODS CORPORATION (Max's Vegan)

PO No. 14-083

Address: Crisologo St., Vigan City, Ilocos Sur

Date: 7/15/2014

Tel.Fax No.: 077-632-0922 / 722-5000

Terms of Payment: Charge

Supplier Registered with: 006-074-496 VAT

Mode of Procurement: Shopping

Please deliver to this office within on July 18, 2014 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	50	pax	AM Snacks	95.00	4,750.00
	50	pax	Lunch	225.00	11,250.00
	50	pax	PM Snacks	95.00	4,750.00
			xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxx	TOTAL	20,750.00
			Less: VAT (5%/1.12)	926.34	
			EWT (1% /1.12)	185.27	1,111.61
			PRR 14-0627-0280		
			PURPOSE: Health Care Provider Clerks' Meeting to discuss Sur:HIO	TOTAL	19,638.39


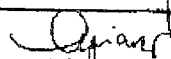
Terms & Conditions:

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

CYNTHIA S. SANTOS

DIVISION CHIEF IV, MSD

Budget Available: _____ JOSE A. MONES Fiscal Controller III	Funds Available in the amount of: <u>20,750.00</u> JANE C. RAGOS Fiscal Controller IV	APPROVED:  REGIONAL VICE PRESIDENT, PROJ
With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
Conforms:  <u>EDRICH P. GUIANG</u> Date: <u>7/17/14</u> 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 specs.
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.

2 COPY + DOA

1 copy - Supplier

