

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>ONEZENT APPAREL & PRINTING SHOP</u>	PO No. <u>14-090 / IAR No. 064</u>
Address: <u>Nixem Bldg., Alexander St., Urdaneta City</u>	Date: <u>7/30/2014</u>
Tel.Fax No.: <u>9258581212</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>453-265-849-000 NV</u>	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within **7-10 working days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	300	pcs	PhilHealth Hand Towel w/ print	65.00	19,500.00
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX		
			Less: VAT (3%)	585.00	
			EWT (1%)	195.00	780.00
			PR#s 14-0708-0283		
			PURPOSE: Marketing collaterals during the Re-entry Project implementation	TOTAL	18,720.00

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,

CYNTHIA S. SANTOS
 DIVISION CHIEF IV, MSD

Certified Budget Available: _____ Funds Available in the amount of: <u>18,720.00</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdget: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative <u>Milagros G. Cruz</u> Date: <u>07-31-14</u>	APPROVED:  ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO I Date: _____
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- 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 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

PHILHEALTH REGIONAL OFFICE
 COA
AUG 04 2014
 Received By: _____
 Title: _____