

PURCHASE ORDER


OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT
 Supplier: MARC'S ID HAUZ PO No. 14-094 / IAR No. 66
 Address: 89 F. Don Manuel St., Quezon City Date: 8/4/2014
 Tel./Fax No.: (02) 410-2246 / 741-3278 / 410-1009(fax) Terms of Payment: Dated check upon Pickup
 Supplier Registered with: 900-941-912-009 VAT Mode of Procurement: Shopping

Please deliver to this office within pick-up, lead time is 15 working days depending on availability from receipt hereof the ff:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	set	Cleaning Card, CX210-CC1	5,000.00	5,000.00
	1	set	Cleaning Kit, Cleaning Swab pn: 105912-057	2,000.00	2,000.00
	2	rolls	Laminating Patch for DNP CX330 ID Card Printer, CYR10 FC-60, 600 Images per roll	14,000.00	28,000.00
	1	roll	Re-transfer Film Ribbon for DNP CX-330 ID Card Printer, CY3RA-100N, 1000 cards per roll	14,000.00	14,000.00
	1	roll	Ribbon for ID card Printer, YMCK Printing Ribbon, CY340-100N color ribbon, 1000 images per roll	25,000.00	25,000.00
			xxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxxxxxx	Total	74,000.00
			Less: VAT (5%/1.12)	3,303.57	
			EWI (1%/1.12)	660.71	3,964.28
			PR# 14-0717-0062		
			PURPOSE: For 3rd Quarter of CY 2014 Supplies	TOTAL	70,035.72

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>74,000</u> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____ Conforms: _____ Signature over Printed Name and Position of Authorized Representative: <u>JONATHAN ONG</u> Date: <u>8/11/14</u>	APPROVED: _____ REGIONAL VICE PRESIDENT, PRO1 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.


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