



**PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: MARC'S ID HAUZ PO No. 14-098 / IAR No. 67  
 Address: 89 F. Don Manuel St., Quezon City Date: 8/8/2014  
 Tel/Fax No.: (02) 410-2246 / 741-3278 / 410-1009(fax) Terms of Payment: Payment upon Pickup  
 Supplier Registered with: 900-941-912-009 VAT Mode of Procurement: Shopping

Please deliver to this office within Pickup (within 15 working days) from receipt hereof the ff:

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	750	pcs	Pre-Printed ID for Institutional HCPs (ID)	11.00	8,250.00
			- made of 0.76 mm thick white PVC material		
			- card size: 2-1/8" x 3-3/8"		
			- full colors front, full color back		
			- with signature panel		
			- with Hi-co magnetic strip		
			(Price Validity - 30 days)		
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXXXXX		
			Less: VAT (5%/1.12)	368.30	
			EWI (1%/1.12)	73.66	441.96
			PRN 14-0604-0044		
			PURPOSE: For AQAS use		
			TOTAL		7,808.04

**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 before the delivery of goods and/or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- 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: <u>8,250</u>	APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>JANE S. MAGOS</u> Fiscal Controller IV	<u>ELVIRA C. VER</u> REGIONAL VICE PRESIDENT, PROI
With in the COB:		
Expense Code:		
Budget:		
Remarks:		
Conforme:		
<u>JONATHAN ONG</u> Date: <u>8/11/2014</u> 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 as to 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 signatories of authorized personnel.

