PINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

	OFFICE/DET ARTIMETER	PO No. 14-152 / IAR No. 101
Supplier:	ARCO TRADING	Deta: 11/14/2014
Address:	# 120 Tuliao, Sta. Barbara, Pangasinan	Terms of Payment: Charge
Tel.Fax No.:	9324895155	- Changing
Supplier Registe	red with: 113-991-322-000 N	/ Induction Total Control of the Con

Please deliver to this office within 30-45 days from receipt hereof the ff:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5	unit	Frontliner Drafting Chair	20,000.00	100,000.00
	S Utilit				
-+			* Metro TM Extended Height		
-+			* Cotoured back and thickly		
			* Cushioned seat offer super comfort		
			* Spring tilt mechanism with tension knob		
			* Pneumatic seat height control and chrome plated adjustable footring includes a 5-star base with chrome finish and two-tune dual wheel carpet caster		
			Note: Preferred by the end user		
			Return for Refund: Within 30 days if unopened		
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (3%)	3,000.00	
			EWT (1%)	1,000.00	4,000.00
			PR# 14-1029-0098		
			PURPOSE: For PRO 1 use	TOTAL	96,000.00

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.
- 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) shal 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.
- 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.
- 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.

· ·	DIVISION CHIEF IV, MSD
Certified Budget Available: JOSÉ A. MONES Fiscal Controller III With in the COB: Expense Code: Bdget: Remarks:	ELVIRA C. VER REGIONAL VICE PRESIDENT, PRO1
Conforme: Ln2th T. TANNAYO Date: 11 101 2014	f ·
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 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:

Very truly yours,