Republic of the Philippines

HILIPPINE 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

CAIROL TRADING AND GENERAL MERCHANDISE Supplier:

PO No. 14-161 / IAR No. 109

Address:

2215 Pedro Gll St., Sta. Ana, Manila

Terms of Payment: Charge

Date: 11/27/2014

Tel.Fax No.: Supplier Registered with:

(02) 3561-7202/986-4604 / 09185623133 231-171-969-C00 V

Mode of Procurement: Shopping

Please deliver to this office with the days upon confirmation of PO/from receipt hereof the ff.

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NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
140.		,	Tone: CC533A, Magenta	4,500.00	22,500.00
	5	Pr.	Toner CC531A, Cyan	4,500.00	22,500.00
	5	, T.	Toner CC532A, Yellow	4,500.00	22,500.00
	5	F	*Warranty Period: 6 months Price Validity: 120 days	TOTAL	67,500.00
		Note:	*Pree Galivery *Stocks Available *All items are original		
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3	
			Less: VAT (5%/1.12)	3,013.39	
			EWT (1%/1.12)	602.68	3,616.07
			PR No. 14-1107-0100		
			PURPOSE: For Philhealth Run use	TOTAL	63,883.93

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.

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.

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.

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.

MINARIE DONNA SI ANTONA APPROVED: ailable in the amount of: 47.300-00 ertified Budget Available: LAUNA F. BASA MONES OIC-Section Head, Comptrollership Section Fiscal Controller III LAS V. CARDONA, JR. With in the COB: REGIONAL VICE PRESIDENT, PRO1 Expense Code: ädget: Remarks: Conforme: Date: Date Authorized Representative Signature over Ph

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.

 All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel. 4. The budget allocated must be effixed 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:

2 capy - Comptrallership Dept.

1 copy - COA

1 copy - Supplier

Very truly yours

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