

FROM :

FAX NO. :

Dec. 2014 10:03AM P1
PAGE 01

23/12/2014 09:33 0755323127

PHILHEALTH-PROADMIN



Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Unit 501, Tuguegarao District, Dagupan City

PO/AM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADM

IF SECTION, GENERAL SERVICE UNIT

PO No. 14-187 / IAR No. 180

Date: 12/19/2014

Terms of Payment: Charge

Mode of Procurement: Shopping

Supplier: ROBINSONS HANDYMAN INC.
 Address: G/F Nepo Mall, Arellano St., Dagupan
 Tel. Fax No.: 525-0094
 Supplier Registered with: 003-888-229-038 V.

Please deliver to this office within 2-3 weeks working day

Receipt hereof the ff:

NO.	QTY	UNIT	ITEM DESCRIPTION
	6	unit	1/2" Tools, Professional
			PRECISION SCREWS
			PR No. 14-1205-01
			PURPOSE: For ITMS

ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
precision screws	1,199.75	7,198.50
Less: VAT (5%/1.12)		321.36
TOTAL		6,877.14

Terms & Conditions:

- In case of failure to make the full delivery within the one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS and equipment purchased, and tax receipts should be submitted.
- Purchase Order (PO) shall be accepted by the supplier.
- NO price increase shall be made by the supplier within 7 days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth.
- PhilHealth shall have the right to reject and return items that are defective, incomplete or non-compliant as specified.
- In case of returned/rejected items which cannot be resold, PhilHealth shall demand full refund of payment made "in cash" within office hours on working days on or before the date of receipt.

In case of failure to make the full delivery within the one percent (1%) for every day of delay shall be imposed.

showing the condition, serial numbers of the items received by the supplier.

the delivery of goods and/ or services.

(7) days from the date of the acceptance of PO.

before the acceptance of PO.

and cancel the corresponding PO if goods delivered are defective.

Within seven (7) calendar days from notice, PhilHealth shall have the right to reject and return items that are defective, incomplete or non-compliant as specified.

"check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date of receipt.

published in the PO.

Very truly yours,

MARIE DENRADO, ANTONIA
 AD IV / OIC-DC IV, MSO

Certified Budget Available: _____ Funds Available in _____
 JOSE A. MONES _____ LAURA F. BASA _____
 Fiscal Controller III _____ Old-Section Head,
 With in the CCB: _____
 Expense Code: _____
 Budget: _____
 Remarks: _____
 Conformed: _____
 Signature over Printed Name and Position of Authorized Representative: _____

APPROVED: _____
 Date: _____
 Signature over Printed Name and Position of Authorized Representative: _____
 Date: _____

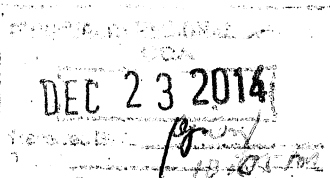
INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials.
- This form shall be accomplished by the staff of the Procurement Section, Senior Manager as to which supplier has submitted the lowest quote.
- All other terms and conditions stated herein are valid upon completion.
- The budget allocated must be affixed on the PO by routing to the Comptroller's Office.
- This serves the purpose of a contract which shall be the basis of any purchase order and payment processing.
- This form shall be prepared in 3 copies distributed as follows:
 1 copy - Comptroller's Dept.

For delivery or other simple delivery items, the purchase order of the Division Chief & the Senior Manager must meet the required specifications of authorized personnel, and the purchase order must be approved by the Procurement Department upon approval of the PO.

2 copy - COA

1 copy - Supplier



Recd. Date: 12/23/14