

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
4NU, Commercial Bldg., Francisco Dagupan St., Tuguegarao District, Cagayan City

PO/NM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	METRO PRINT ASIA	PO No. 14-185 / IAR No. 132
Address:	Fernandez St., Dagupan City	Date: 12/22/2014
Tel./Fax No.:	523-3638	Terms of Payment: Charge
Supplier Registered with:	233-333-695 V	Mode of Procurement: Shopping

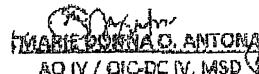
Please deliver to this office within 30 days upon approval of final design from receipt hereof the ff:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	400	set	Wall Calendar for 2015 (see attached specs)	300.00	120,000.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	5,357.14	
			EWT (1%/1.12)	1,071.43	6,428.57
			PR No. 14-1208-0486		
			PURPOSE: For PRO 1	TOTAL	113,571.43

Term & 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,


 MARIE DOMINGO G. ANTONIA
 AO IV / OIC-DC IV, NSD

Identified Budget Available:	Funds Available in the amount of: <u>100,000.00</u>	APPROVED:
ROSELYN MACIONES Fiscal Controller III	LAIORA F. BASA OIC-Section-Head: Comptrollership Section PHILHEALTH REGIONAL CCA	DR. LEO DOUGLAS V. CARDONA, JR. REGIONAL VICE PRESIDENT, PRO 1
With in the CCRB:	DEC 23 2014	Date
Expense Code:	Approved By: <u>Perpetual A. Sison</u>	
Budget Item:		
Comments:		
Conformed:		
 Gen. Manager Date: 12-23-14 Signature over Printed Name and Position of Authorized Representative		

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or otherwise, 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 compilation of signatures of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This served the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - CCA

1 copy - Supplier