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PHILHEALTH-FROIADMIN

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Republic of the Philippines HILIPPINE HEALTH INSURANCE CORPORATION LMU, Commercial Bidg., Practisco Duque St., Taguac Obtrist Dagupon City

POMM-P- 10B

## PURCHASE ORDER

	OFFICE	DEPARTMENT: ADMINISTRATION	VE SECTION, GENERAL SERVICE UN	:
Supplier:	5K HARDWARE & C	新聞を経過されることでは、10mm   10mm   10mm		
Address:	Rizal St., Dagupan (	JAA		FO No. 14-190 / IAH No. 193
	522-2559 / 522-530		- Maria Land College & Corpe Secretario Secretario (La College	Date: 12/23/2014
Supplier Registered	THE VITE STREET, STREE	131-149-412-000 V	remis of i	raymenii Charge
A. I	. 6411111	121-148-417-MM A	Mode of Proc	STETTETT TO STEEL
				Transmission and Aug & Bliffe and the comment

Please deliver to this office within 2-3 weeks from receipt hereof the ff:

Section of the Party of the Par	Control of the same of the sam						
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TISTAL ANGO 1987		
-	1	jînu	Compressor	4,950.00	4.980.00		
-	and the second second	A DESCRIPTION OF THE PROPERTY.	Brand Name: Vespa Air Compressor 1/4HP	The State of the S	Fig. 187 - 127 - 1		
MAZEMET CONTRACTOR		Uni decretario S.D. Seferante propi. Conscione	NECONNECONNOCINES nothing follows NOODOCKNOCHOUSEN	1.00 to 1.00 t	序算子中央 has processed and and the parties and		
-	P. S.	- U SECULO	Less: VAT (5%/1.12)	Vacanti edicazationata	2:038		
-	POPP INC. NO. OF THE PARTY OF T	- Court of the Cou	PR No. 14-1204-0114	Section 1975 1985 - Section 197111 Feb.	ning a statement of the mercent section is not the contract of		
	El Conditione	THE PERSON NAMED IN THE PE	PURPOSE FOR FRO 1 USE	TOTAL	4. 7. 9. C. J.		

## Terms & Conditions:

- 1. In case of fallure to make the full delivery within the time specified above, a penalty of one-centh (1/20) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, social 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 ftems 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 data stipulated in the PQ.

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	A 12.0 1 th	Control of the Contro	AO IV / OKS-DC IV, MED
	Certified Budget Available:	Funds Available nine amount of: 4. (1) .(1)	APPROVED:
A STATE OF THE STA	M	UP MA)	
7	JOSÉ A. MONES	LAURA F. BASÀ	
•	Fiscal Controller III	OIC Section Head, Comptrollership Section	÷.
	sant.	CAXON	1.654/
	With in the COB: All A	party south 1	PR. LEO DOUGLES Y CARDONA, IR.
	Expense Code:	2 9 DEC 2014	REGIONAL VICE PRESIDENT, PROT
	Belget:	THE WILL GUID	As a property of the April 1, 11 to 255 for the part 1 to 12 pm.
	Remarks:	ACCIDITY TO	
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	- Aberthart - All Mary	The second secon	
		Date: [2] 23] [14]	AND THE RESIDENCE OF THE PARTY
ĺ	Signature over Printed Name a	nd Position of Authorized Representative	Cate
å	INSTERNATION OF THE PARTY OF TH	ALL MARKING TO THE CONTROL OF THE CO	

- 1. This form shall be used for straple purchases of supplier & other motorials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the stoff 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.
- 2. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- 4. The budget allocated must be afficial on the PO by routing to the Comptrofership 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:
  - 1 copy Comptrollership Dept.

1 copy - COA

1 copy - Juppier

PHARMELIN REGIONAL