PhilHealth Regional Office
DEC 15 2014
12/23/14

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
AIJST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

POMM-P-006

PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE V

Supplier: LUCKY EDUCL SUPPLY
Address: Peñaranda St, Legazpi City
Tel/Fax No.:
Supplier Registered with:

PO No. 14-12-0064
Date: 17 Dec 14
Terms of Payment: charge
Mode of Procurement: Local Shopping

Please deliver to this office within 15 DAYS from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	130	bxs	staple wire#35	19.68	2,558.40
2	100	bxs	rubber band small	7.28	728.00
			---------		
			pro v use		
					3,286.40

Terms & Conditions:

1. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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,

LORENA M. RUBIS
Chief, MSD

NOTE: This serves as a Notice to proceed

Certified Budget Available: Funds Available in the amount of: 3,250.40

LERI MLAGAN
Budget Officer Designate

SHIRLEY S. VICTORIA
EC IV

APPROVED:

ORLANDO D. INIGO JR.
RVP - PROV

With in the CBE:
Expense Code:
Bdget: 2014
Remarks: ~~AGG, 774-10~~
3,250.40
2014-12-00202

Conforme:

Signature over Printed Name and Position of Authorized Representative

12-17-14
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:
   - 1 copy - PRD
   - 1 copy - Comptrollership Dept.
   - 1 copy - COA