

## PURCHASE ORDER

PHILHEALTH REGIONAL OFFICE V

Supplier: COPYLANDIA  
Address: Grand Terminal, Bitano, Legazpi City  
Tel.Fax No.: 480-74-76  
Supplier Registered with: \_\_\_\_\_

PO No. 14-12-0070

Date: 18-Dec-14

Terms of Payment: \_\_\_\_\_ charge

Mode of Procurement: Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	photocopier machine develop Ineo4020	31,850.00	31,850.00
2	2	units	duplicator machine Riso EZ <sup>g</sup> 231	95,608.32	191,216.64
			-----		-
			item# 1 COA use		-
			item# 2- LHIO C Sur & C Norte use		-
					223,066.64

**Terms & Conditions:**

1. Purchase Order (PO) shall 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,

FR: *YN* 12/19/14  
LORENA M. RUBIS

Chief, MSD

**NOTE: This serves as a Notice to proceed**

Certified Budget Available: _____ Funds Available in the amount of: <u>223,066.64</u>		APPROVED: _____
LERI L. LAGAN	SHIRLEY S. VICTORIA	ORLANDO D. INIGO JR. RVP - PROV
Budget officer Designate	FC IV	
With in the COB: _____ Expense Code: _____ Budget: _____ 2014 Remarks: _____ CAPEX, 238-10 _____ 223,066.64		
Conforme: _____ 2014-12-00194 VILLARAZA, MONALISA M.	12/23/14	
Signature over Printed Name and Position of Authorized Representative		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 - PRID
  - 1 copy - Comptrollership Dept.
  - 1 copy - COA