



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: GAKKEN (Philippines), INC.
Address: Unit 1 DCU Bldg., Arellano-Bani St., Brgy. Pantal, Dagupan City
Tel.Fax No.: 522-3228
Supplier Registered with: 004-475-204-004 V

PO No. 16-12
Date: 4/4/2016
Terms of Payment: Charge
Mode of Procurement: Direct Contracting

Please deliver to this office within **5 working days** upon receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	35	carts	Ink for Duplo Machine, Black DP-514k	742.00	25,970.00
	44	carts	Ink for Duplo Machine, Black DC-14	742.00	32,648.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx	TOTAL	58,618.00
			Less: VAT (5%/1.12)	2,616.88	
			EWT (1%/1.12)	523.38	3,140.25
			PR No. 16-0311-0229		
			PURPOSE: For PRO 1 use for the 1st quarter 2016	TOTAL	55,477.75

Terms & Conditions:

1. 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.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
5. 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 items 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 date stipulated in the PO.

CCA
APR 19 2016
Cg

Very truly yours,

MARICAR M. ARZADON, M.D.
Division Chief, MSD

Certified Budget Available: _____	Funds Available in the amount of: <u>58,618.00</u>	APPROVED: _____
<u>JOSE A. MONES</u> Fiscal Controller	<u>EDWARD Q. ESPIRITU</u> OIC-FMS Head	<u>RODOLFO B. DEL ROSARIO, JR.</u> RVP, PRO1
With in the COB: _____	_____	
Expense Code: _____	_____	
Bdget: _____	_____	
Remarks: _____	_____	Date
Conforme: _____	_____	
<u>JANIE ANN DEL ROSARIO</u> Signature over Printed Name and Position of Authorized Representative		

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 - Comptrollership Dept.

1 copy - COA

1 copy - Supplier