



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: GAKKEN PHILLIPINES INC.
Address: Unit 1 DCU, Brgy. Pantal, Arellano Bani St, Dagupan City
Tel.Fax No.: (075) 522-3228/09236578123
Supplier Registered with: 004-475-204-004 V

PP No. 16-41
Date: 5/25/2016
Terms of Payment: Charge
Mode of Procurement: Direct Contrating

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	cart	INK for Duplo Machine, DC-14	742.00	1,484.00
	22	cart	INK for Duplo Machine, 514K	742.00	16,324.00
	2	cart	INK for Duplo Machine, L-520, Ink DC-14 (600ml) black	742.00	1,484.00
			Batch 1 (58); Batch 2(58); Batch 3(57)	TOTAL	19,292.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	861.25	
			EWT (1%/1.12)	172.25	1,033.49
			PR No. 16-0406-0265		
			PURPOSE: Procurement of 2016 2nd Quarter Supplies for PRO 1 use	TOTAL	18,258.50

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.

COA
JUN 06 2016
Aef

Very truly yours,

MARICAR M. ARZADON, M.D.

MD VII / MSD CHIEF

Certified Budget Available: <u>Funds Available in the amount of: 19,292.00</u>	APPROVED:
JOSE A. MONES Fiscal Controller	EDWARD Q. ESPIRITU OIC-FMS Head
With in the COB: <u>2016-11</u>	RODOLFO B. DEL ROSARIO, JR.
Expense Code: <u>1150-131</u>	RVP, PRO1
Bdget: <u>1150-131</u>	
Remarks:	
Conforme: <u>ANGELO C. CASCINO</u> Date: <u>6/3/16</u>	Date
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.