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: KCABINETT INC.
Address: 103 F. Pasco Ave., Santolan, Pasig City
Tel. Fax No.: (02) 682-1614 / 646-6030
Supplier Registered with: 008-571-012-000 V

PO No. 16-42
Date: 5/27/2016
Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within *7 working days* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	8	unit	Lateral Filing Cabinet (4) drawers, powder coated 4 LAT 6 DRF *(Refer to the Technical Specifications for details)*	10,975.00	87,800.00
			xxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)	3,919.64	
			EWT (1%/1.12)	783.93	4,703.56
			PR No. 15-1211-0740		
			PURPOSE: Procurement of Furniture and Fixtures under BAC RFQ No. 2016-005 for PRO I use	TOTAL	83,096.44

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) shal 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.

Very truly yours,

MAY 31 2016

MARICAR M. ARZADON, M.D.
MO VII / MSD CHIEF

By the authority of the DV IV

MARIE DONNA O. ANTONA
ADMINISTRATIVE OFFICER IV

Certified Budget Available: Funds Available in the amount of: 87,800.00

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

With in the CDB
Expense Code
Budget:
Remarks:

APPROVED:

RODOLFO B. DEL ROSARIO, JR.
RVP, PRO1

Conforme: VIVIAN N. SUGA – Admin Date: May 31, 2016
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. [illegible] must be affixed on the PO by courier to the Comptrollership Department upon approval of the PO.

Received thru e-mail 5/31/16