

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: <u>KC RICHWEALTH COMPUTERS</u>	PO No. <u>16-47</u>
Address: <u>Rizal Street, Dagupan City Pangasinan</u>	Date: <u>6/3/2016</u>
Tel.Fax No.: <u>522*8188</u>	Terms of Payment: <u>Charge</u>
Supplier Registered with: <u>113-889-440-000 VAT</u>	Mode of Procurement: <u>Shopping</u>

Please deliver to this office within 2-3 weeks from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	roll	ADHESIVE TAPE Size 2", double sided with foam	115.00	115.00
	349	pc	BALLPOINT PEN Fine point, Black (Titus)	6.95	2,425.55
	562	pc	BALLPOINT PEN Fine point, Blue (Titus)	6.95	3,905.90
	21	pack	POST-IT FLAG Standard flags,	18.00	378.00
	33	book	RECORD BOOK 300 Pages, 215mm x 275mm, 55gsm., smythe sewn, w/ 'Official Record Book' printing smythe sewn	43.85	1,447.05
	2	roll	TAPE MASKING, Size 1 (24mm) 50M	35.00	70.00
	2	roll	TAPE MASKING, Size 2 (48mm) 50M	65.00	130.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	8,471.50
			Less: VAT (5%/1.12)	378.19	
			EWT (1%/1.12)	75.64	453.83
			PR No. 16-0406-0265		
			PURPOSE: 2nd Quarter Supplies	TOTAL	8,017.67

Terms & Conditions:

- 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.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: _____ Funds Available in the amount of: <u>8,471.50</u> <div style="display: flex; justify-content: space-between;"> <div> JOSE A. MONES Fiscal Controller III With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____ Conforme: _____ Signature over Printed Name and Position of Authorized Representative </div> <div> EDWARD Q. ESPIRITU OIC-FMS Head BY THE AUTHORITY OF OIC-FMS JOSE A. MONES Fiscal Controller III Date: <u>6/6/16</u> </div> </div>	APPROVED: _____ RODOLFO B. DEL ROSARIO, JR. RVP, PRO1 Date: _____
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INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier

JUN 07 2016
 COA- *jein*