



**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: LIMPAN COMMERCIAL  
 Address: 378 AB Fernandez Avenue, Dagupan City Pangasinan  
 Tel.Fax No.: 523-0478  
 Supplier Registered with: 102-278-100-000 VAT

PO No. 16-48  
 Date: 6/3/2016  
 Terms of Payment: Charge  
 Mode of Procurement: Shopping

Please deliver to this office within **15-30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	5	roll	ADHESIVE TAPE Size 1" , double sided without foam (Tissue Type 1")	25.00	125.00
	6	pc	BALLPOINT PEN Fine point, Green (Pilot)	18.25	109.50
	56	pc	BALLPOINT PEN Fine point, Red (Pilot)	18.25	1,022.00
	20	pc	BINDER PVC Binding Element 2" (Plastic)	45.00	900.00
	2,082	set	BOX Corrugated, plain, 200 lbs., B Flute, HSC, Self-lock, glued joint, Size: Body: 14-15/16 x 11-1/4 x 10-3/16, Cover: 16-1/2 x 26-1/8	21.50	44,763.00
	35	pc	ENVELOPE Expanding, plastic, with rubber strap, for legal size papers/documents, assorted colors	53.50	1,872.50
	22	box	FASTENER Non-rust metal, holds 25mm thick file, with prongs 70mm apart, 50 sets/box	38.00	836.00
	1	pc	FOLDER Metal ring Binder, Long, 2 Hole Arc File	89.00	89.00
	278	pc	FOLDER Pressboard, plain, for legal size papers/documents, 100s/box (green)	8.50	2,363.00
	1	bot	GLUE GLUE White, 473ml	70.00	70.00
	1	bot	GLUE White, 130 grams	32.00	32.00
	4	pc	INK PAD FOR Self-inking stamp # 2600/2660	188.00	752.00
	5	pc	INK PAD INK PAD for Self-inking stamps (Colop Printer #20)	120.00	600.00
	2	pc	INK PAD INK PAD for Self-inking stamps ( Shiny Printer S-402)	94.00	188.00
	10	pc	MANILA PAPER Brown	2.50	25.00
	50	pack	PAPER Special, color specified, 10's (assorted color)	10.00	500.00
	50	pc	PAPER Vellum, A4	12.60	630.00
	2	pc	SCISSOR Stainless steel w/ plastic handle, big	38.00	76.00
	16	pc	SIGN PEN High tech pen, Black (My gel)	19.00	304.00
	56	pc	SIGN PEN High tech pen, Blue (My gel)	19.00	1,064.00
	15	pc	SIGN PEN High tech pen, Red (My gel)	19.00	285.00
	8	pc	STAMP PAD FELT 70 MM x 100 MM, metal case	30.00	240.00
	11	pc	STAPLER With remover, HD no.35 (Max)	240.00	2,640.00
	59	roll	TAPE PACKAGING, Size: 2 (48mm) 50M	23.00	1,357.00
	55	roll	TAPE TRANSPARENT, Size: 1 (24mm) 50M	12.00	660.00
	8	roll	TAPE TRANSPARENT, Size: 2 (48mm) 50M	23.00	184.00
	2	cart	TONER CARTRIDGE For BROTHER Fax Machine Model: MFC-7360/MFC-7290/2840_	1,985.00	3,970.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx	<b>TOTAL</b>	<b>65,657.00</b>
			Less: VAT (5%/1.12)	2,931.12	
			EWT (1%/1.12)	586.22	3,517.34
			PR No. 16-0406-0265		
			<b>PURPOSE:</b> Procurement of 2nd Quarter Supplies for CY 2016	<b>TOTAL</b>	<b>62,139.66</b>

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.

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>65,657.00</u>		APPROVED:
<u>JOSE A. MONES</u> Fiscal Controller III	<u>EDWARD R. ESPIRITU</u> OIC-FMS Head	<u>RODOLFO B. DEL ROSARIO, JR.</u> RVP, PRO1
With in the COB: <u>2016</u>	Expense Code: <u>1150-0</u>	
Bdget: <u>1150-054</u>	Remarks: <u>1150-054</u>	Date
Conforme: <u>CHARLIE GAPUZ</u>	Date: <u>6/14/16</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

JUN 15 2016  
COA - Lejny