

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: ABACUS BOOK & CARD CORPORATION
Address: CSI City Mall Lucao District, Dagupan City
Tel.Fax No.: 631-8061 to 66
Supplier Registered with: 000-299-299-000 V

PO No. 16-81

Date: 8/10/2016

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within 1-2 months from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	8	pcs	MIMS	455.00	3,640.00
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			Less: VAT (5%/1.12)		162.50
			PR No. 16-0701-0414		
			PURPOSE: To be used by BAS Doctors		
			TOTAL		3,477.50

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.

Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

By the authority of the DC IV

MARIE DONNA O. ANTONA

ADMINISTRATIVE OFFICER IV

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR.

RVP, PRO1

Date

Certified Budget Available:

JOSE A. MONES
Fiscal Controller III

With in the COB:

Expense Code:

Bdget:

Remarks:

Funds Available in the amount of:

BY THE AUTHORITY OF OIC-FMS

EDWARD Q. ESPIRITU
OIC-FMS Head

JOSE A. MONES
Fiscal Controller III

Conforme:

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.