

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA

Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City Call Center (02) 441-7442 Contact Number (042) 373-7554
www.philhealth.gov.ph region4a@philhealth.gov.ph

PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier:	NA ⁻	ΓIONAL	PRINT	ING	OFFICE
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EDSA Cor NPO Rd.,

Diliman, Quezon City

(02) 925 2190

Supplier Registered with:

Deparment of Trade and Industry

Terms of Payment:

PO No.

Date:

COD

Mode of Procurement: Direct Contracting

16-000

4-Feb-16

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	20	pcs	CASH BOOK, For regular Disbursement Officer (Gen. Form No.103)	420.00	8,400.00
				TOTAL AMOUNT	8,400.00

Terms & Conditions:

Address:

Tel.Fax No.:

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages
- 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. 3
- 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,

MIGUEL I. MACALINAO Division Chief, MSD

2400 APPROVED: Certified Budget Available: Funds Available in the amount of: ERLYN V. ROJAS FELICIANA O. PASTORPIDE Fiscal Controller II Fiscal Controller IV 2016 COB EDWIN M. ORIÑA, M.D. With in the COB 774-10 OIC, PRO IVA Expense Code: 8,400.00 Budget: Remarks

Conforme:

Administrative Officer III 2.

Signature over Printed Name and Position of Authorized Representative / Date of Received

8:50

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