

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:	LUCKY E	BOOKSTORE	PO No.	16-012
Address:	Quezon Aver	nue	Date:	22-Feb-16
	Lucena City			
Tel.Fax No.:	710 4268 / 5588		Terms of Payment:	COD
Supplier Registered with:		Department of Trade and Industry	Mode of Procurement:	on account

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	12	рс	BATTERY, Alkaline, 9 volts	140.00	1,680.00
					1,680.00
			Less Taxes: 5% VAT	75.00	
			1% EWT	15.00	90.00
				TOTAL AMOUNT	1,590.00

Terms & Conditions:

- 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.
- 3. 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.

	MIGUEL T. MACALINAO Division Chief, MSD
Certified Budget Available: Funds Available in the amount of: FELICIANA D. PASTORPIDE Fiscal Controller IV With in the COB: Expense Code: T74-10 Budget: T1,680.00	APPROVED: EDWIN M. ORIÑA, M.D. OIC, PRO IVA
Remarks: Conforme:	
Signature over Printed Name and Position of Authorized Re	presentative / Date of Received

Very truly yours,