



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ROBINSONS HANDYMAN INC.**
Address: 2nd Floor, Pacific Mall, Brgy. Iyam
Lucena City
Tel.Fax No.: 660 7325
Supplier Registered with: Security and Exchange Commission

PO No. 16-015
Date: 22-Feb-16
Terms of Payment: COD
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 | 20 | pc | HARDWARE SUPPLY, Fluorescent tube 40w | 64.75 | 1,295.00 |
| 2 | 1 | can | HARDWARE SUPPLY, Sealant, Vuica Seal, 1/4 L | 130.00 | 130.00 |
| 3 | 1 | pc | HARDWARE SUPPLY, Gun Tacker, heavy-duty | 749.75 | 749.75 |
| 4 | 2 | pc | HARDWARE SUPPLY, LED Flashlight, Rechargeable | 240.00 | 480.00 |
| | | | | | 2,654.75 |
| | | | Less Taxes: 5% VAT | 118.52 | |
| | | | 1% EWT | 23.70 | 142.22 |
| | | | TOTAL AMOUNT | | 2,512.53 |

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.
- 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,

MIGUEL T. MACALINAO
Division Chief, MSD

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|---|--|---|
| Certified Budget Available: | Funds Available in the amount of: <u>2654.75</u> | APPROVED: |
| ERLYN V. ROJAS Fiscal Controller II | FELICIANA O. PASTORPIDE Fiscal Controller IV | EDWIN M. ORIÑA, M.D. OIC, PRO IVA |
| With in the COB: <u>2016 COB</u> | | |
| Expense Code: <u>774-10</u> | | |
| Budget: <u>1,295.00</u> <u>2,654.75</u> | | |
| Remarks: | | |
| Conforme: MARIANNE FORMENTO Signature over Printed Name and Position of Authorized Representative / Date of Received | | |