



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

Attn: Sir Michael

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **MICROBASE INCORPORATED**
Address: **3rd and 6th Floor, Casmer Bldg., 195 Salcedo St., Legaspi Village**
Makati City
Tel. Fax No.: **(02) 813 7603 loc 195**
Supplier Registered with: **Department of Trade and Industry**

PO No. **16-018**
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	33	pc	BATTERY for UPS	750.00	24,750.00
					24,750.00
			Less Taxes: 5% VAT	1,104.91	
			1% EWT	220.98	1,325.89
			TOTAL AMOUNT		23,424.11

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

Certified Budget Available:	Funds Available in the amount of: <u>24,750</u>	APPROVED:
ERLYN V. ROJAS Fiscal Controller II	FELICIANA O. PASTORPIDE Fiscal Controller IV	 EDWIN M. ORINA, M.D. OIC, PRO IVA
With in the COB: <u>2016 COB</u> Expense Code: <u>774-10</u> Budget: <u>24,750.00</u> Remarks:		
Conforme:		
 Signature over Printed Name and Position of Authorized Representative / Date of Received <u>March 7, 2016</u>		

RECEIVED

NAME: _____

DATE: _____