



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
region4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **MICROBASE INCORPORATED** PO No. **16-023**
Address: **3rd & 6th floors, Casmer Bldg., 195 Salcedo St., Legaspi Village** Date: **23-Feb-16**
Makati City
Tel. Fax No.: **(02) 813 7603 loc 195** Terms of Payment: **COD**
Supplier Registered with: **Department of Trade and Industry** Mode of Procurement: **NPSV**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	sets	CABLE: Video Graphics Array (VGA) Cable, at least 5 meters long	320.00	960.00
					960.00
			Less Taxes: 5% VAT	42.86	
			1% EWT	8.57	51.43
			TOTAL AMOUNT		908.57

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
Chief, MSD

Certified Budget Available:	Funds Available in the amount of: <u>960</u>	APPROVED:
ERLYN Y. 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>774-50</u>		
Budget: <u>960.00</u>		
Remarks:		
Conforme:		
<u>MICHAEL VIGOR</u> <u>March 3, 2016</u>		
Signature over Printed Name and Position of Authorized Representative / Date of Received		

RECEIVED

NAME: _____

DATE: _____