



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **MARC'S ID HAUZ**
Address: 89-F Don Manuel Agregado St.,
Quezon City
Tel.Fax No.: (02) 410 1009 / (02) 741 3278
Supplier Registered with: Department of Trade and Industry

PO No. 16-031
Date: 16-Mar-16
Terms of Payment: COD
Mode of Procurement: NPSV

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

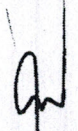

| NO. | QTY | UNIT | ITEM DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-----|-----|------|---|------------|-----------------|
| 1 | 400 | pc | ID CARD, made of 0.76mm thick white P.V.C. Material, Card Size: 2-1/8" x 3-3/8" | 12.00 | 4,800.00 |
| | | | - made of 0.76mm thick white P.V.C. material | | |
| | | | - Card Size: 2-1/8" x 3-3/8" | | |
| | | | - full color front, full color back | | |
| | | | - with signature panel | | |
| | | | | | 4,800.00 |
| | | | Less Taxes: 5% VAT | 214.29 | |
| | | | 1% EWT | 42.86 | 257.15 |
| | | | TOTAL AMOUNT | | 4,542.85 |

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>4,800 -</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>4,800.00</u> | | |
| Remarks: | | |
| Conforme: |  JONATHAN ONG | MARCH 29, 2016 |
| Signature over Printed Name and Position of Authorized Representative / Date of Received | | |