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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: Maam Beth

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **BBNE ENTERPRISES**
Address: 2398 E. Belarmino St., Bangkal
Makati City
Tel.Fax No.: (02) 889 5003 / (02) 845 0385 / (02) 751 8454 1889479
Supplier Registered with: Department of Trade and Industry

PO No 16-032
Date: 18-Mar-16
Terms of Payment: on account
Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,500	sets	BOX, Corrugated, boxes, plain, 136kl/300lbs, BC Flute, Body: 16x10 1/2x 10 3/16, Top 16 1/2x11x2	45.00	67,500.00
					67,500.00
			Less Taxes: 5% VAT	3,013.39	
			1% EWT	602.68	3,616.07
				TOTAL AMOUNT	63,883.93

Terms & Conditions:

1. 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.
2. 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.
4. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
5. 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.
6. 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:

ERLYN V. ROJAS
Fiscal Controller II

Funds Available in the amount of: 67,500.00

FELICIANA C. PASTORPIDE
Fiscal Controller IV

APPROVED:

EDWIN M. ORIÑA, M.D.
OIC, PRO IVA

With in the COB: 2016 COB
Expense Code: 774-10
Budget: 67,500.00
Remarks:

Conforme:
BETH D. HERRERO 3/29/16
Signature over Printed Name and Position of Authorized Representative / Date of Received

RECEIVED
NAME:
DATE: 3/29/16 11:40 AM