



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

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. **16-033**  
Date: **18-Mar-16**  
Terms of Payment: **COD**  
Mode of Procurement: **local shopping**

Please deliver to this office within 30 days from receipt hereof of 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
					<b>4,800.00</b>
			Less Taxes: 5% VAT	214.29	
			1% EWT	42.86	257.15
			<b>TOTAL AMOUNT</b>		<b>4,542.85</b>

**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>4,800</u>	APPROVED:
<b>ERLYN V. RDJAS</b> Fiscal Controller II	<b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	
With in the COB: <u>2016 COB</u>		<b>EDWIN M. ORIÑA, M.D.</b> OIC, PRO IVA
Expense Code: <u>774-10</u>		
Budget: <u>4,800.00</u>		
Remarks: _____		
Conforme:		
<b>JONATHAN ONG</b>		
<b>MARCH 29, 2016</b>		
Signature over Printed Name and Position of Authorized Representative / Date of Received		