



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **L AND S PRINT CRAFT**  
 Address: **69 Pearl St., Executive Village, Mayao Kanluran**  
**Lucena City**  
 Tel/Fax No.: **322 0228**  
 Supplier Registered with: **Department of Trade and Industry**

PO No. **18-035**  
 Date: **23-Mar-18**

Terms of Payment: **on account**  
 Mode of Procurement: **NP-Small Value**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	30,000	pcs	TSeKaP Fliers -4" x 8.5" -Process and Color: Offset, FULL COLOR -Two side printing; BOOK PAPER #80	0.40	12,000.00
2	50,000	pcs	Indigent Fliers -4" x 8.5" FOLDED, 12" x 8.5" SPREAD -two fold, 3 panels -Process and Color: Offset, FULL COLOR -two side printing; BOOK PAPER #80 -FOLDED WHEN DELIVERED	0.85	42,500.00
3	50,000	pcs	Sponsored Fliers -4" x 8.5" FOLDED, 12" x 8.5" SPREAD -two fold, 3 panels -Process and Color: Offset, FULL COLOR -two side printing; BOOK PAPER #80 -FOLDED WHEN DELIVERED	0.85	42,500.00
					97,000.00
			Less Taxes: 5% VAT	4,330.36	
			1% EWT	866.07	5,196.43
			<b>TOTAL AMOUNT</b>		<b>91,803.57</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: <b>ERLYN V. ROJAS</b> Fiscal Controller II	Funds Available in the amount of: <b>₱91,803.57</b> <b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	APPROVED:  <div style="text-align: center;">   <b>EDWIN M. ORINA, M.D.</b>          OIC, PRO IVA       </div>
With in the COB: <b>2016 COB</b> Expense Code: <b>767-00</b> Budget: <b>97,000.00</b> Remarks:		Date
Conforms to: <div style="text-align: center;">   <b>Louise Magallanes A. Macalinas / owner</b>          Signature over Printed Name and Position of Authorized Representative       </div>		