



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 Lucena Grand Central Terminal, Brgy. Bayang Dupay, Lucena City
 Call Center (02) 441-7442 Contact Number (042) 373-7354
www.philhealth.gov.ph region4a@philhealth.gov.ph



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ELECTROBRAIN ENTERPRISES**
 Address: **2931 Pilar St., Manuguit Subd.**
Tondo, Manila
 Tel/Fax No.: **(02) 252 0493 / (02) 239 4823**
 Supplier Registered with: **Department of Trade and Industry**

PO No. **18-038**
 Date: **23-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	9	rolls	TICKET, for Ticketing Machine, assorted colors	820.00	7,380.00
					7,380.00
			Less Taxes: 5% VAT	329.46	
			1% EWT	66.89	395.35
			TOTAL AMOUNT		8,984.65

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>7,380.00</u>		APPROVED:- EDWIN M. ORIÑA, M.D. OIC, PRO IVA
ERLYN V. KOJAS Fiscal Controller II	FELICIANA O. PASTORPIDE Fiscal Controller IV	
With in the COB: <u>2016 COB</u> Expense Code: <u>774-10</u> Budget: <u>7,380.00</u> Remarks:		
Conforme: Irleen Hui 4/3/16		
Signature over Printed Name and Position of Authorized Representative / Date of Received		

774-274-051
 774-042014
 4401-042014