



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **LUCENA TROPHY AND GENERAL MERCHANDISE**
Address: **50 Quezon Avenue**
Lucena City
Tel.Fax No.: **09166485141**
Supplier Registered with: **Department of Trade and Industry**

PO No. **16-037**

Date: **29-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	pc	DRY SEAL, Philhealth Logo	2,500.00	2,500.00
					2,500.00
			Less Taxes: 3% NVAT	75.00	
			1% EWT	25.00	100.00
			TOTAL AMOUNT		2,400.00

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: **3,500.00**

ERLYN V. ROJAS
Fiscal Controller II

RELICIANA O. PASTORPIDE
Fiscal Controller IV

With in the COB: **2016 COB**

Expense Code: **774-10**

Budget: **2,500.00**

Remarks:

APPROVED:

EDWIN M. ORIÑA, M.D.
OIC, PRO IVA

Conforme:

LINA M. HOLGADO **3-31-16**

Signature over Printed Name and Position of Authorized Representative / Date of Received