



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

LUCKY BOOKSTORE

Quezon Avenue

Lucena City

Tel/Fax No.

710 5588

Supplier Registered with: Department of Trade and Industry

PO No.

16-042

Date:

04-01-16

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	1217	pc	BALLPOINT PEN, Fine point, Black	8.40	10,222.80
2	545	pc	BALLPOINT PEN, Fine point, Blue	8.40	4,578.00
3	5	pc	BALLPOINT PEN, Fine point, Red	8.40	42.00
4	6	pc	BINDER, EDP BINDER, 11x9-1/2	38.50	231.00
5	25	pc	ENVELOPE, Expanding, kraft board, min. of 285gsm for short size papers/documents	6.50	162.50
6	2	pc	POST IT FLAG, Sign Here (1x1.7)	48.00	96.00
7	1	pc	POST IT FLAG, Small	35.00	35.00
8	1	pc	POST IT FLAG, Standard flags	48.00	48.00
					15,415.30
				Less Taxes: 5% VAT	688.18
				1% EWT	137.64
					825.82
				TOTAL AMOUNT	14,589.48

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>15,415.30</u>		APPROVED: EDWIN M. ORINA, M.D. OIC, PRO IVA
ERLYN PROJAS Fiscal Controller II	FELICIANA C. PASTORPIDE Fiscal Controller IV	
With in the COB: <u>2016 COB</u> Expense Code: <u>774-10</u> Budget: <u>15,415.30</u> Remarks: _____		
Conforme: Signature over Printed Name and Position of Authorized Representative / Date of Received		

PA 2016-051
 APCP 01/04/16
 PA 01/04/16