



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

Attn: Mr. Maan

Supplier: **SUNLIFE BOOKSTORE**
 Address: Enriquez St.
Lucena City
 Tel.Fax No.: 710 3518
 Supplier Registered with: Department of Trade and Industry

PO No. 16-044
 Date: 5-Apr-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 | 264 | roll | TAPE, TRANSPARENT, Size: 1 (24mm) 90M | 20.00 | 5,280.00 |
| | | | | | 5,280.00 |
| | | | Less Taxes: 5% VAT | 235.71 | |
| | | | 1% EWT | 47.14 | 282.85 |
| | | | TOTAL AMOUNT | | 4,997.15 |

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

| | | |
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| Certified Budget Available: ERLYN V. ROJAS Fiscal Controller II With in the COB: <u>2016 COB</u> Expense Code: <u>774-10</u> Budget: <u>5,280.00</u> Remarks: _____ | Funds Available in the amount of: <u>₱ 280 -</u> FELICIANA O. PASTORPIDE Fiscal Controller IV | APPROVED: EDWIN M. ORINA, M.D. OIC, PRO IVA |
| | Conforme: <u>Ma-an</u> <u>Ma-an Enradora 4-8-16</u> Signature over Printed Name and Position of Authorized Representative / Date of Received | |

*Print PO then
 Fax*