



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **HANSON SALES CENTER**  
Address: Quezon Avenue  
Lucena City  
Tel.Fax No.: 373 1234  
Supplier Registered with: Department of Trade and Industry

PO No. 16-045  
Date: 15-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	2	pc	BATTERY CHARGER, For Battery size AA	350.00	700.00
2	1	pc	BATTERY CHARGER, For Battery size AAA	350.00	350.00
3	2	pc	HARDWARE SUPPLY, Bulb, 2U, 15 watts	80.00	160.00
4	1	set	HARDWARE SUPPLY, Extension Cord, 4-gang, 10meters	350.00	350.00
5	10	pc	HARDWARE SUPPLY, Screw, hook no.1	2.00	20.00
6	10	pc	HARDWARE SUPPLY, Screw, hook no.2	4.00	40.00
					<b>1,620.00</b>
			Less Taxes: 5% VAT	72.32	
			1% EWT	14.46	86.78
			<b>TOTAL AMOUNT</b>		<b>1,533.22</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:	Funds Available in the amount of: <u>1620</u>	APPROVED:
<b>ERLYN V. ROJAS</b> Fiscal Controller II	<b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	<b>EDWIN M. ORIÑA, M.D.</b> OIC, PRO IVA
With in the COB: <u>2016 COB</u>		
Expense Code: <u>774-10</u>		
Budget: <u>1,620.00</u>		
Remarks:		
Conforme:	<b>JOEL MCOTERO</b>	
Signature over Printed Name and Position of Authorized Representative / Date of Received		





## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALROSE PRINTING SERVICES**  
Address: 26 Cabana Cor Allarey St.,  
Lucena City  
Tel.Fax No.: 373 7168  
Supplier Registered with: Department of Trade Industry

PO No. 16-047  
Date: 15-Apr-16

Terms of Payment: on account  
Mode of Procurement: NPSV

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	500	reams	Printing of Benefit Payment Notice Form (BPN)	88.00	44,000.00
			-back to back printing		
			-A4 size paper (paper is provided by Philhealth IVA)		
					44,000.00
			Less Taxes: 5% VAT	1,964.29	
			1% EWT	392.86	2,357.15
			<b>TOTAL AMOUNT</b>		<b>41,642.85</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: <u>94/15</u>	Funds Available in the amount of: <u>44,000.00</u>	APPROVED:
<b>ERLYN V. ROJAS</b> Fiscal Controller II	<b>FELICIANA O. PASTORPIDE</b> Fiscal Controller IV	
With in the COB: <u>2016 COB</u>		<b>EDWIN M. ORIÑA, M.D.</b> OIC, PRO IVA
Expense Code: <u>863-00</u>		
Budget: <u>44,000.00</u>		
Remarks: _____		
Conforme: <b>ROSALYN AMPUANDO</b> <u>04/15/16</u>		
Signature over Printed Name and Position of Authorized Representative / Date Received		