



PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **METRO RETAIL STORES GROUP INC.**
 Address: **ML Tagarao St., Brgy. III**
Lucena City
 Tel/Fax No.: **373 1159**
 Supplier Registered with: **Security and Exchange Commission**

PO No. **16-046**
 Date: **15-Apr-16**

Terms of Payment: **COD**
 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	75	pc	HARDWARE SUPPLY, Circular Fluorescent Lamp, 23W (32watts)	94.95	7,121.25
2	1	roll	HARDWARE SUPPLY, Duct Tape size 2	179.75	179.75
3	1	pc	HARDWARE TOOLS, Drill, handheld	1,699.00	1,699.00
					9,000.00
			Less Taxes: 5% VAT	401.79	
			1% EWT	80.36	482.15
			TOTAL AMOUNT		8,517.85

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: 9 1/5	Funds Available in the amount of: 9,000 -	APPROVED:
ERLYN V. ROJAS Fiscal Controller II	FELICIANA O. PASTORPIDE Fiscal Controller IV	 EDWIN M. ORINA, M.D. OIC, PRO IVA
With in the COB: 2016 COB		
Expense Code: 774-10		
Budget: 9,000.00		
Remarks:		
Conforme: Beth dda P. Fontanilla 4-19-16		
Signature over Printed Name and Position of Authorized Representative / Date of Received		

TRM 2016-051
 PO 041-012016
 PO 041-012016