



PURCHASE ORDER

Supplier: **Newborn Airconditioning & Electronics Sales & Services**
 Address: **Maharlika Highway cor Ciudad Maharlika Subd., Iyam Lucena City**
 Tel.Fax No.: **(042) 797-0567**
 Supplier Registered with: **DTI**

PO No. **16-056**

Date: **11-May-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	pc.	Compressor	11,500.00	11,500.00
			Less Taxes: 5% VAT	513.39	
			1% EWT	102.68	616.07
			TOTAL AMOUNT		10,883.93
			Purpose: Materials for the repair of LG air conditioner with FCU SN#101HASP00062 / ACCU SN#101HAVN00007 and property number 11-ACW-20 located at ITMS.		

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: 95/n ERLYN V. ROJAS Fiscal Controller II	Funds Available in the amount of: 11,500 - FELICIANA O. PASTORPIDE Fiscal Controller IV	APPROVED: EDWIN M. ORINA, M.D. OIC, PRO IVA
With in the COB: 2016 COB Expense Code: 842-10 Budget: 11,500.00 Remarks:		
Conforme: Signature over Printed Name and Position of Authorized Representative		
		Date