



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Regional Office IV-B
Caedo Commercial Center, Calicut, Batangas City

POMM-P-006

PURCHASE ORDER

SIGNATURE
Supplier: ZURBANO PUBLISHING & PRINTING CORP.
Address: 2195 Primo Rivera Street, Barangay La Paz, Makati City
Tel/Fax No: (02) 898-8374, 898-3417, 898-1157
Supplier Registered with:

PO No. 16-01-01
Date: January 22, 2016
Terms of Payment: on account
Mode of Procurement: small value procurement

Please deliver to this office within 10 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	585700	pcs	BLANK PHILHEALTH IDENTIFICATION CARDS Specifications: Size: 9cm x 6cm per card Stock: Vellum 100 Color: Full color, 2 sided print Process: Offset Printing Others: CD supplied with perforation **nothing follows**	0.17	91,069.00
				TOTAL	91,069.00
			Less: WVAT 5%	4,065.58	
			EVAT 1%	813.12	4,878.70
TOTAL			reference: PR# 2016-01-13 dated January 6, 2016		86,190.30

Terms & Conditions:

1. Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
4. 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.
5. 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,

ARACELI L. LAINEZ
DIVISION CHIEF IV - MSD

Certified Budget Available: Funds Available in the amount of: <u>₱ 91,069.00</u>	APPROVED:
<u>RICHEL M. CORDONEL</u> FC III/Budget Officer Designate	<u>PAOLO JOHANN C. PEREZ</u> REGIONAL VICE PRESIDENT Date Approved: <u>02/02/16</u>
With in the COB: <u>02/02/16</u>	
Expense Code: <u>903-00</u>	
Bdgt: <u>₱ 91,069.00</u>	
Remarks: <u>PO# 16-01-0077</u>	
Conforme: <u>MC MARIA RACHEL Z. CHEN</u> Signature over Printed Name and Position of Authorized Representative	Date