

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-B

Caedo Commercial Center, Calicanto, Batangas City

PURCHASE ORDER

POMM-P-006

Supplier:	DELNOR MARKETING	PO No.	16-02-02
Address:	198 Morada St., Lipa City, Batangas	Date:	February 5, 2016
Tel.Fax No.:	756-2730	Terms of Payment:	on account
Supplier Reg	sistered with:	Mode of Procurement:	small value procurement

Please deliver to this office within <u>10 days</u> from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	PCS	CAR FRESHENER	190.00	570.00
2	416	PCS	BALLPOINT PEN, Black	19.00	7,904.00
3	37	PCS	BALLPOINT PEN, BLUE	19.00	703.00
4	67	PCS	BALLPOINT PEN, RED	19.00	1,273.00
5	200	PCS	BALLPOINT PEN, VIOLET	19.00	3,800.00
6	21	PCS	BALLPOINT PEN, w/ HOLDER	25.00	525.00
- 7	5	PCS	CALCULATOR, DESKTOP, D-20L / D-40L, 12 digit SOLAR and CELL BIG	600.00	3,000.00
8	50	BXS	CONTINUOUS FORM (11 X 10 5/8) 2 PLY 70 GSM Book 20	1,275.00	63,750.00
9	3	BXS	CONTINUOUS FORM (11 X 14 7/8) 2 PLY 70 GSM Book 20	1,525.00	4,575.00
10	35	PCS	ENVELOPE EXPANDING, KRAFTBOARD for short size	10.00	350.00
11	165	PCS	FOLDER, PRESSBOARD, Plain, A4 240mm X 320mm	10.00	1,650.00
12	54	BTLS	GLUE, Multipurpose 130gms	38.00	2,052.00
13	47	REAMS	PAPER COPY, Multicopy, Legal (8.5 X 14) 80gsm SUB-20	200.00	9,400.00
14	22	BXS	RUBBER BAND small, 350 gms	175.00	3,850.00
15	20	PCS	STAPLER WITH REMOVER, heavy duty, standard size	265.00	5,300.00
16	5	PACKS	STICKER PAPER A4 10'S/PACK	30.00	150.00
17	2	CANS	COMPUTER CLEANER	70.00	140.00
2 2 1		×	**nothing follows** For 1St Quarter Supplies 2016	TOTAL	108,992.00
			Less: WVAT 5%	4,865.71	
			EVAT 1%	973.14	5,838.85
TOT	 AL		reference: Consolidated 1st quarter supplies for 2016		103,153.15

Terms & Conditions:

1. Purchase Order (PO) shal 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,
	ARACHLIJ. JAINEZ MA
<i>A</i>	DIVISIÓN CHĬEF IV - MSD
Certified Budget Available: Funds Available in the amount of: 4 118, 992, 00	APPROVED: ()
RICHELE'M. CORONEL CATALINA R. AMATUS	
FC III/Budget Officer Designate	
3	
With the be CODE . Do not address the	PAOLO JOHANN C. PEREZ
With in the COB: 2016 MODE	
Expense Code: 1714-10-9102, 812.00, 774.50- 140.00	REGIONAL VICE PRESIDENT
Bdget: (P-108, 992.00)	Date Approved: 2/11/14
Remarks: 001 # 2016-00.00069	I with the work of a particular the second second
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Signature over printed Name and Position of Anthonizud Representative	Pate