Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Office IV-B

Caedo Commercial Center, Calicanto, Batangas City

POMM-P- 006

PURCHASE ORDER

Supplier: ALL VISUAL AND LIGHTS SYSTEM(AVLS)

Address: 48/F One San Miguel Avenue Condominium Shaw Blvd. cor. San Miguel Ave., Ortigas Center, Pasig City

Tel.Fax No.: 650-8888 L309

Supplier Registered with:

PO No. **16-02-06**

Date: February 9, 2016

Terms of Payment: COD

Mode of Procurement: direct contracting

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	rolls	Laminating Patch (CY-R10FC-60)	13,200.00	26,400.00
			nothing follows	**TOTAL**	**26,400.00**
			For Printing of Accredited Health Care Professionals		
			Less: WVAT 5%	1,178.57	
			EVAT 1%	235.71	1,414.28
			reference: PR # 2016-01-04 dated January 4, 2016		
TOTAL					24,985.72

PHILIPPINE HEALTH INSURANCE CORPORATION PhilHealth Regional Office IV-B Calabarzon RECEIVED By: Date: 2016

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,

ARACELI J. LAINEZ
DIVISION CHIEF IV - MSD

Certified Budget Available:

RICHELE M. CORONEL
FC III/Budget Officer Designate

Funds Available in the amount of: ₱ 26,400.00

CATALINA R. AMATUS
Fiscal Controller IV

With in the COB: 2016 MOOE
Expense Code: 774-50
Bdget: ₱ 261,400.00
Remarks: OB # 2016-02-00117

APPROVED:

PAOLO JOHANN C. PEREZ
REGIONAL VICE PRESIDENT
Date Approved:

Conforme:

Signature over Printed Name and Position of Authorized Representative

2-30-16
Date

PhilHealth Regional Office IV-B OFFICE OF THE REGIONAL VICE PRESIDENT FAXED