



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

POMM-P- 006

PURCHASE ORDER

Supplier: PHILCOPY CORPORATION
Address: Unit 16 K. Pointe Commercial Center Sabang, Lipa City
Tel.Fax No.: 981-4499 / 756-5687
Supplier Registered with: _____

PO No. 16-02-028
Date: February 16, 2016
Terms of Payment: on account
Mode of Procurement: direct purchase
(exclusive distributor)

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	cart	For Kyocera Printer		
2	1	lot	Maintenance Kit MK-320	29,653.00	29,653.00
			Labor	300.00	300.00
			nothing follows		
			For TANAUAN LHIO		
			Less: WVAT 5%	1,337.19	
			EVAT 1%	267.44	
			reference: PR # PRO-151102 dated November 26, 2015		
TOTAL					28,348.37

Terms & Conditions:

- 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,

ARACEL J. LAINEZ

DIVISION CHIEF IV - MSD

APPROVED:

Certified Budget Available:

Funds Available in the amount of: ₱ 29,953.00

RICHEL M. CORONEL

FC III/Budget Officer Designate

CATALINA R. AMATUS

Fiscal Controller IV

With in the COB: 2016, MODE

Expense Code: 774-50-9 29,653.00; 842-20-9 300.00

Bdget: 9 29,953.00

Remarks: 001# 2016-02-00153

Conforme:

Signature over Printed Name and Position of Authorized Representative

PAOLO JOHANN C. PEREZ
REGIONAL VICE PRESIDENT

Date Approved: _____

Date

