Republic of the Philippines



PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Office IV-B

Caedo Commercial Center, Calicanto, Batangas City

POMM-P- 006

			DURGULAGE ORDER		POMM-P- 006
Supplier: Address: Tel.Fax No.:		PURCHASE ORDER JACO TIRE SUPPLY		PO No	. 16-02-09
			City, Orientasl Mindoro	Date	February 16, 2016
				Terms of Payment	on account
		istered with:	_	Mode of Procurement	
	Please	e deliver to this o	office within 15 days from receipt hereof the follo	wing:	
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	PCS	TIRES	2,800.00	11,200.00
				9	
				1	v
				TOTAL	11,200.00
			I was WIN AT 50.	500.00	
			Less: WVAT 5%	500.00	
			EVAT 1%	100.00	000.00
TOT	AL		reference: PR# 16-01-003 DATED JANUARY 25,	2016	10,600.00
Term	ıs & Co	onditions:			
1.	Purcl	hase Order (PO)	shal be accepted by the supplier before the delivery of	goods and/ or services.	
2.	2. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.				
3.	3. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.				
4.			the right to reject and return the items and cancel the c	orresponding PO if good	ds delivered
_			plete or non-compliant as specification when quoted.		
5.			rejected items which cannot be replaced within seven (7)		
			und of payment made "in cash" or "in check" three (3) on working days on or before the date stipulated in the P		snould be made
	WILL	ar office fiours o	in working days on or before the date supulated in the r	Very truly your	rs.
				, , ,	10/
				NA.	RACELJ. LAINEZ
				DIVIS	SION CHIEF IV - XISD
Conti	God P.	udget Available:	Funds Available in the amount of:	APPROVED	
Cert	ined B	udget Avallable:	Funds Available in the amount of:	APPROVED	
RIC	HELE	M. CORONEL	CATAVINA R. AMATUS		
FC I	II/Bud	get Officer Design	nate # Fiscal Controller IV	,	
			/*		
With	in the C	OB: 2016 MODE		PAOI	O JOHANN C. PEREZ
		e: 174-10		REGIO	DNAL VICE PRESIDENT
		, 200.00		Date	Approved:
Rema	irks: 00	4 20/6-02-00/50	<u>; </u>		

PONCIANO Z CORALES

Conforme:

Signature over Printed Name and Position of Authorized Representative

9/1/10

Date