

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

POMM-P- 006

PURCHASE ORDER

Supplier: VILLCEN SCHOOL & OFFICE SUPPLIES
Address: Tolentino Bldg., Brgy. Liwayway, Odiongan, Romblon
Tel.Fax No.: 567-6193
Supplier Registered with: _____

PO No. 16-03-02
Date: March 7, 2016
Terms of Payment: on account
Mode of Procurement: local shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	bot	Stamp pad ink with applicator violet 50ml	50.00	100.00
2	3	cart	Ribbon for EPSON LX300	120.00	360.00
3	6	rolls	Tape Transparent 1"	35.00	210.00
4	6	rolls	Tape Transparent 2"	65.00	390.00
5	6	boxes	Staplewire #35	60.00	360.00
6	5	pcs	Ballpen Black	30.00	150.00
7	2	pcs	Pentel Pen	55.00	110.00
8	2	pcs	Toner for HP 2035	7,000.00	14,000.00
9	4	reams	A4 bond paper	240.00	960.00
10	6	pcs	Record book 500 pages	95.00	570.00
nothing follows				TOTAL	17,210.00
For Romblon LHIO (1st quarter supplies)					
Less: WVAT 5%				768.30	
EVAT 1%				153.66	921.96
reference: PR # ROM 2015-12-008 dated December 21, 2015					
Consolidated PR for 1st quarter supplies					
TOTAL					16,288.04

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,

ARACEL J. LAINEZ
DIVISION CHIEF IV - MSD

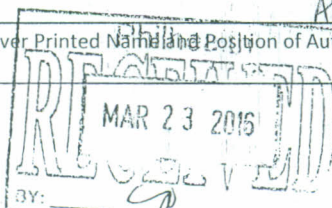
Certified Budget Available: Funds Available in the amount of: 17,210.00
RICHELE M. CORONEL
FC III/Budget Officer Designate
CATALINA R. AMATUS
Fiscal Controller IV

With in the COB: 2016, MOOE
Expense Code: 774-10 - 9 2,850.00, 774-50 - 94,360.00
Bdget: 9 17,210.00
Remarks: 064 # 2016 - 03-000 84

APPROVED:
PAOLO JOHANN C. PEREZ
REGIONAL VICE PRESIDENT
Date Approved: _____

Conforme: _____
Signature over Printed Name and Position of Authorized Representative

Date



Please return to ADMIN upon
approval and perfection