

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-B Caedo Commercial Center, Calicanto, Batangas City

POMM-P- 006

PURCHASE ORDER

upplier:	KYM ENTERPRISES	PO No.	16-04-12
ddress:	Evangelista St, cor. P. Canlapan St., Batangas City	Date:	April 22, 2016
el.Fax No.:	(043) 723-4460	Terms of Payment:	on account
upplier Reg	gistered with:	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	215	pcs	Correction Tape, with dispenser 5mm x 10m	19.50	4,192.50
2	32	pcs	Data File Box, 127mmx229mmx400mm(5'x9' x 15-3/4'), with closed ends (green/red)	65.00	2,080.00
3	83	pcs	Envelope Expanding Plastic with rubber strap, long, (green/red)	115.00	9,545.00
4	59	pcs	File Organizer, Expanding 13 inside pockets, legal size	230.00	13,570.00
5	10	pcs	Ring Binder size 1/2 (1/2" x 44"), plastic, small	12.00	120.00
6	10	pcs	Ring Binder size 3/4 (3/4" x 44"), plastic, medium	18.00	180.00
7	49	rolls	Tape, Packaging, size 2" 48mm width, 50m	21.60	1,058.40
8	44	rolls	Tape, Transparent, size 2" (48mm), 50m	21.60	950.40
			nothing follows	TOTAL	31,696.30
			For 1st quarter supplies 2016		
			Less: WVAT 5%	1,415.01	
			EVAT 1%	283.00	1,698.01
		af j			
			9	v v	
TOTA	L		Reference: Consolidated RIV for 1st quarter		29,998.29

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,

	ARACKLI J. LAINEZ DIVISION CHIEF IV - MSD
Certified Budget Available: Funds Available in the amount of: 4 M, 646, 200	APPROVED:
RICHELE M. CORONEL FCIII/Budget Officer Designate With in the COB: Expense Code: A CATALINA R. AMATUS Fiscal Controller IV With in the COB: DIG MECE Expense Code: A CATALINA R. AMATUS Fiscal Controller IV With in the COB: DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV WITH A CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE Expense Code: A CATALINA R. AMATUS FISCAL CONTROLLER IV DIG MECE EXPENSE CODE FISCAL	PAOLO JOHANN C. PEREZ REGIONAL VICE PRESIDENT Date Approved:
Conforme: OBLIA A POWTET TA	5/26/16
Signature over Printed Name and Position of Authorized Representative	Date