

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Office IV-B

Caedo Commercial Center, Calicanto, Batangas City

POMM-P- 006

PURCHASE ORDER

Supplier:	WINDSOR COMPUTER CENTER	PO No.	16-04-13
Address:	# 7 Evangelista Street, Batangas City	Date:	April 22, 2016
Tel.Fax No.:	723-6724	Terms of Payment:	on account
Supplier Registered with:		Mode of Procurement:	small value procurement

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

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NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	3	pcs	Mouse USB with scroller optical **nothing follows** For 1st quarter supplies 2016	250.00 TOTAL	750.00 750.00	
		*	Less: WVAT 5% EVAT 1%	33.48 6.70	40.18	
тота	L L		Reference: Consolidated RIV for 1st quarter		709.82	

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,

DIVISION CHIEF IV - MSD

2 3 3	
Certified Budget Available: Funds Available in the amount of:	APPROVED:
Karry Music	
RICHELE M. CORONEL CATALINA R. AMATUS	
FCIII/Budget Officer Designate Fiscal Controller IV	
With in the COB: 2016 Mto E	PAOLO JOHANN C. PEREZ
Expense Code: 77 4 - 50	REGIONAL VICE PRESIDENT
Bdget: \$ 100.00	Date Approved: 25/10/2016
Remarks: 40 4 2616 - 05 -00054	
Conforme:	
dantour	1 7
Zandra Pombasa	Dr_/18/11
Signature over Printed Name and Position of Authorized Representative	Date