



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IV-B
Caedo Commercial Center, Calicanto, Batangas City
Healthline (043) 723-8822/ 722-1602/ 300-4342/ 300-3267
region4b@philhealth.gov.ph www.philhealth.gov.ph



Barangay Health Center
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POMM-P- 006

PURCHASE ORDER

Supplier: SOUTHBOUND COMPUTER CENTER
Address: Caedo Commercial Center, Calicanto, Batangas City
Tel.Fax No.: 402-0182

PO No. 16-05-06
Date: May 25, 2016
Terms of Payment: on account
Mode of Procurement: small value procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	cart	Ink Cartridge for Epson Printer B510DN Black (T6161), Ink T40W, Black	1,755.00	3,510.00
2	1	cart	Ink Cartridge for Epson Printer B510DN Cyan (T6162), Ink T40W, Cyan	2,255.00	2,255.00
3	2	cart	Ink Cartridge for Epson Printer B510DN Magenta (T6163), Ink T40W, Magenta	2,255.00	4,510.00
4	2	cart	Ink Cartridge for Epson Printer B510DN yellow (T6164)	2,255.00	4,510.00
5	20	cart	Ribbon for Epson LQ 300+	160.00	3,200.00
			nothing follows		
			TOTAL		17,985.00
			For 2nd Quarter Supplies 2016		
			Less: WVAT 5%	802.90	
			EVAT 1%	160.58	963.48
TOTAL			Reference: Consolidated PR for 2nd quarter		17,021.52

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,

ARACELI J. MAINEZ
DIVISION CHIEF IV - MSD

Certified Budget Available Funds Available in the amount of: \$17,985.00

RICHEL M. CORONEL CATALINA R. AMATUS
FCIII/Budget Officer Designate Fiscal Controller IV

With in the COB: 2016 MAY
Expense Code: 774-90
Bdget: \$ 17,985.00
Remarks: 5/25/16 2616-05-04 98

APPROVED:

PAOLO JOHANN C. PEREZ
REGIONAL VICE PRESIDENT
Date Approved: 5/30/2016

Conforme:

MARICAR M. F. BOPADILLA
Signature over Printed Name and Position of Authorized Representative

6-1-16
Date

Please return to ADMIN upon
PO/IO approval and perfection