Republic of the Philippines

LIPPINE HEALTH INSURANCE CORPORATION

## PHILHEALTH REGIONAL OFFICE V

ANST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

## **PURCHASE ORDER**

		The state of the s	MSU.			
	GAKKEN PHILS INC		PO No.	10-	02-6	510
-	Imelda Roces Ave., Legazpi City	4	Date:	02	26	16
Fax No.:	micros neces is sylvage and		Terms of Payment:		Charg	e
Supplier Regist	ered with:		Mode of Procurement:	Dir	ect Cont	tracting
Supplier HeBist		Control of the second s				

Please deliver to this office within 30 DAYS from receipt hereof the following:

NO.	QTY	UNIT	PARTICULAR	UNIT PRICE	TOTAL AMOUNT
1	6	rolls	DP Master Roll DRC42	3,530.00	21,180.00
2	122	carts	DP Black Ink DC14	750.00 `	91,500.00
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			PRO & LHIO's use		
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					112,680.00

## **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,

NOTE:	This	serves	as a	Notice	to	proceed
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	Division Chier, MSD
Certified Budget Available: Funds Available in the amount of: \( \)	ORLANDO D. IÑIGO, JR.  Regional Vice President - PRO V
Conforme:  RINALIN  Signature over Printed Name and Position of Authorized Representative	<u>⊘.8.10</u> Date

## INSTRUCTIONS ON HOW TO USE THIS FORM:

- 1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief &

Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.

- 3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- 4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- 5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- 6. This form shall be prepared in 3 coipies distributed as follows:

1 copy - PRID

1 copy - Comptrollership Dept.

1 copy - COA