



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE V
ANST BLDG III ALTERNATE RD LEGAZPI CITY 481559

PURCHASE ORDER

MAR 02 2016

Supplier: **LUCKY EDUCATIONAL SUPPLY**

Address: **Peñaranda St., Legazpi City**

Tel. Fax No.:

Supplier Registered with:

Ref. No.

16-03-012

Date:

03/02/16

Terms of Payment:

Charge

Mode of Procurement:

Local Shopping

Please deliver to this office within 5 DAYS from receipt hereof the following:

NO.	QTY	UNIT	PARTICULAR	UNIT PRICE	TOTAL AMOUNT
	50	bxs	Continuous Form 11x10 5/8 2 ply 70GSM-sub20	1,128.48	56,424.00
			XXXXXXXXXXXX		
			BAS use		
					56,424.00

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,

NOTE: This serves as a Notice to proceed

LORENA M. RUBIS

Division Chief, MSD

Certified Budget Available: Funds Available in the amount of: 9,444 -

LEA L. ILAGAN

SHIRLEY S. VICTORIA

Budget officer Designate

Fiscal Controller IV

With in the COB: _____

Expense Code: _____

Bdget: _____

Remarks: _____

APPROVED:

ORLANDO D. INIGO, JR.

Regional Vice President - PRO V

Conforme:

Signature over Printed Name and Position of Authorized Representative

3/2/16
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 copies distributed as follows:
 - 1 copy - PRID
 - 1 copy - Comptrollership Dept.
 - 1 copy - COA