

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE V

ANST BLDG III ALTERNATE RD LEGAZPI CITY 4815597

PURCHASE ORDER

Supplier: **COMSPEC MARKETING**
 Address: #3 Calmon St., Cor. Magsaysay Avenue, Balatas, Naga City Cam Sur
 Tel.Fax No.:
 Supplier Registered with:

PO No. 16-03-021
Date: 03/28/16
Payment: Charge
Measurement: Public Bidding

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

[illegible]

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.

NOTE: This serves as a Notice to proceed

2,008,888.00
2016-04-00008

Very truly yours,

LORENA M. RUBIS
Division Chief, MSD

Certified Budget Available: Funds Available in the amount of: <u>2008,888 -</u>		APPROVED: 
LERI L. LAGAN	SHIRLEY S. VICTORIA	ORLANDO D. INIGO, JR. Regional Vice President - PRO V
Budget Officer Designate	Fiscal Controller IV <u>441</u>	
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____		
Conformer: 		
Signature over Printed Name and Position of Authorized Representative <u>Sharon Belagwin / operation mgr</u>		<u>April 14, 2016</u> Date