

## PURCHASE ORDER

PO No.: 16-02-17

Date: 2/29/2016

Terms of Payment:

Mode of Procurement:


Please deliver to this office within 10-15 from receipt hereof the following:

Note:					
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	2	doz	BALLOONS	150.00	300.00
			xxx nothing follows xxx		-
					-
					-
					-
					-
			LESS:		300.00
			FVVAT		-
			EWT		300.00
			PR # 16-02-096 dtd 02/18/2016		

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 same and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as to 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  
6 The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed incorporated into this contract.  
No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association or juridical entity, whether from the public or private sector, at  
anytime on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the  
actions of directors or employees or create the appearance of a conflict of interest.

**DERWIN WENDELL SUPREMO**

AO IV/OIC. MSD

Certified Budget Available	Funds Available in the amount of:	APPROVED:
<b>BENJAMIN GABRIELES</b> Fiscal Examiner A	<b>LEVIE VILLEGAS</b> Fiscal Controller III	<b>WALTER R. BACAREZA</b> Regional Vice President  Date Approved: _____
Within COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		
Received copy of JO: _____  dated: _____		CONFORME:   <b>ANNIE REQUICO</b> Print Name and Signature of Supplier/Representative