

PURCHASE ORDER

Supplier **NEW FIVE STAR TRADING AND PRINTING PRESS**

PO No.: **16-02-01**

Address **Tacloban City**

Date: **2/11/2015**

Tel. Fax. No. **639173217877**

Terms of Payment: _____

Supplier Registered with: _____

Mode of Procurement: _____

Please deliver to this office within **3 CDs** from receipt hereof the following:

Note:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	159	boxes	CONTINUOUS FORMS, 11 x 10_5/8, 2 ply, 70 gsm with side perforation, plain, 1000 sets/box <i>xxx nothing follows xxx</i>	1,090.00	173,310.00
					173,310.00
			LESS:		
			FWVAT 5% 7,737.05		
			EWT 1% 1,547.41		9,284.46
					164,025.54
		PR			

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 same and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as to 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
- 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.

Very truly yours,

DERWIN WENDELL SUPREMO

AO IV/OIC, MSD

Certified Budget Available	Funds Available in the amount of: _____	APPROVED:
BENJAMIN GABRIELES Fiscal Examiner A	ARCHIMEDES VILLASIN Fiscal Controller IV	WALTER R. BACAREZA Regional Vice President
Within COB: _____		Date Approved: _____
Expense Code: 77410		
Budget: _____		
Remarks: _____		
Received copy of JO: 2/15/2016	CONFORME:	VERNA G. CORTES Print Name and Signature of Supplier Representative