dated:

## SBAC-PS-14

Print Name and Signature of Supplier/Representative

## **PURCHASE ORDER**

Supplier	CHII	CHILDREN'S PLACE			PO No.: 16-02-10				
Address	Tacloban City				Date:			2/29/2016	
Tel. Fax. No.				_	Terms o	of Payment:			
Supplier Reg	istered wi	th:			Mode of Pr	ocurement:			
F	Please de		is office within	from re	eceipt hereof the	ne following	<b>g</b> :		
NO.	QTY	UNIT	SERV	ICE DETAILS			UNIT	TOTAL AMOUNT	
	18	btls	Alcohol		5.	17	40.00	720.00	
	30	packs	Assorted Candies				30.00	900.00	
		ρασκο		ning follows xxx			00.00	-	
								- 1-	
								-	
								-	
								-	
	Purpose: Catarman MPE Customer Delights								
								1,620.00	
			LESS	:				1,020.00	
				FWVAT	5%	72.32			
				EWT	1%	14.46		86.78 1,533.22	
			PR # 16-02-046 dtd 02/17/2016					1,000.22	
Terms & Co	onditions	S:	L						
<ul> <li>Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.</li> <li>NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.</li> </ul>									
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									
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,							/ N WENDELL	SHIDDEMO	
$\sim$ /							N WENDELL SUPREMO  AO IV/OIC, MSD		
Certified	Budget Av	ailable	Funds Available in the amount of	f:	APPI	ROVED:	1 -		
BENJAMIN GABRIELES LEVIE VILLEGAS									
							ILTER R. BACAREZA gional Vice President		
Expense Code: Date Approved:									
Budget:									
Remarks:									
Received copy of JO: CONFORME:									