Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE VIII
PhilHealth Building 2, Burgos St., Tacloban City, Leyte

SBAC-PS-14

PURCHASE ORDER

Supplier **TACLOBAN SAM'S TRADING**	PO No.: 16-02-12
Address **Tacloban City**	Date: 2/29/2016
Tel. Fax. No.	Terms of Payment:
Supplier Registered with:	Mode of Procurement:

Please deliver to this office within ___10 CД___ from receipt hereof the following:

Note:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	18	packs	Styro cups, 25's	25.00	450.00
	9	bags	Coffee, 3n1, 36's	181.00	1,629.00
	6	bundles	stirrer, 50's	18	108.00
			xxx nothing follows xxx		-
					-
					-
					-
					-
			Purpose: Catarman MPE Customer Delights		
					2,187.00
			LESS:		
			FWVAT 5% 97.63		
			EWT 1% 19.53		117.16
					2,069.84
			PR # 16-02-046 dtd 02/17/2016		

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 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.

Very truly yours,

DERWIN WENDELL SUPREMO
AO IV/OIC, MSD

Certified Budget Available	Funds Available in the amount of:	APPROVED:
BENJAMIN GABRIELES	**LEVIE VILLEGAS**	
Fiscal Examiner A	Fiscal Controller III	**WALTER R. BACAREZA**
Within COB:		Regional Vice President
Expense Code:		Date Approved: _____
Budget:		
Remarks:		

Received copy of JO:		CONFORME:
dated: 3/8/14		Print Name and Signature of Supplier/Representative