



PURCHASE ORDER

Supplier TACLOBAN ACME HARDWARE
Address TACLOBAN CITY
Tel. Fax. No. _____
Supplier Registered with: _____

PO No.: 16-03-06

Date: 3/15/2016

Terms of Payment: _____

Mode of Procurement: _____

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

Note:					
NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	2	pcs	S4S 2x2x8	149.00	298.00
	1	pc	S4S 2x2x10	185.00	185.00
	0.25	kilo	Concrete nails 3"	90.00	22.50
	0.5	kilo	Finishing nails 2"	47.00	23.50
			xxx nothing follows xxx		-
					-
					-
			Purpose: Materials for the Repainting and extension of Smoking Cessation Area		
					529.00
			LESS:		
			FWVAT 5%	23.62	
			EWT 1%	4.72	28.34
					500.66
			PR # 16-03-09 dtd 03/11/2016		

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	LEVIE VILLEGAS	WALTER R. BACAREZA
Fiscal Examiner A	Fiscal Controller III	Regional Vice President
Within COB: _____		Date Approved: _____
Expense Code: _____		
Budget: _____		
Remarks: _____		
Received copy of JO: _____	CONFORME:	
dated: <u>4/01/16</u>		Print Name and Signature of Supplier/Representative <i>Marilyn Bacal</i>