



## PURCHASE ORDER

Mode of Procurement: \_\_\_\_\_

Please deliver to this office within \_\_\_\_\_ from receipt hereof the following:

Note:							
NO.	QTY	UNIT	SERVICE DETAILS			UNIT PRICE	TOTAL AMOUNT
	10	packs	<b>SPECIALTY PAPER (SHORT)</b>  <i>xxx nothing follows xxx</i>			25.00	250.00
			<b>Purpose: GAD</b>				-
			<b>LESS:</b>				-
			FWVAT	5%	11.16		-
			EWT	1%	2.23		-
			<b>PR # 16-02-98 dtd 02/29/2016</b>				-
							250.00
							13.39
							236.61

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.

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
Within COB: _____ Expense Code: _____ Budget: _____ Remarks: _____		<b>WALTER R. BACAREZA</b> Regional Vice President Date Approved: _____
Received copy of JO: _____		CONFORME: _____
dated: _____		Print Name and Signature of Supplier/Representative