

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier:	GRACE FLOWER SHOP		PO No.	. 17-122
Address:	Burgos Street, Dagupan City Pangasinan 2400		Date	9/1/2017
Tel.Fax No.:	202-0573		Terms of Payment:	C.O.D
Supplier Registered with:		197-443-581 NV	Mode of Procurement	Negotiated Procurement-
		2 20 20 20 20 20 20 20 20 20 20 20 20 20		Shopping

Please deliver to this office within on Sept 04, 2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2	pcs	Bouquet of Flower (12 Roses)	500.00	1,000.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
			PR No.17-0822-0405	•	
:	a conanto		PURPOSE: Salamat Mabuhay Program for (Marieta E. Sosa)	TOTAL	1,000.00

- 1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- 2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- 3. Purchase Order (PO) shal be accepted by the supplier before the delivery of goods and/ or services.
- 4. NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- 5. Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 6. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- 7. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.

		MO VII / MSD CHIEF	
Certified Budget Available:	Funds Available in the amount of:	APPROVED:	
JOSE A. MONES	EDWARD Q. ESPIRITU		
Fiscal Controller III	OIC-FMS Head		
With in the COB:			
Expense Code:	<u> </u>	ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSE	
Bdget:		OIC-RVP, PRO1	
Remarks:			
Conforme:			
	Date:		
Signature over Printed N	ame and Position of Authorized Representative	Date	
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- 1. This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- 2. This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief &

Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.

- 3. All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- 4. The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.
- 5. This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- 6. This form shall be prepared in 3 copies distributed as follows: