



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: NESLEN MEDICAL SUPPLY
 Address: Arellano Street, Dagupan City Pangasinan
 Tel.Fax No.: 9225172546
 Supplier Registered with: 941-198-014-000 VAT

PO No. 17-235
 Date: 12/14/2017
 Terms of Payment: Charge
 Mode of Procurement: Negotiated Procurement-
 Small Value Procurement

Please deliver to this office within on 1-2 weeks WD from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	pc	Nebulizer, Pulmo Nebulizer kit with tee, tubing mouth piece, corrugated tubing and reservoir 6ml. w/ MQ5600 air machine	1,845.00	1,845.00
	1	pc	Sphymomanometer, BP apparatus, Anroid Manual, Portable Standing Ty	6,800.00	6,800.00
	1	pc	Stethoscope, 28 inches, with extra earpiece cover w/manual and box		
				TOTAL	8,645.00
Less: VAT (5%1.12)					385.94
xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxx					
17-1205-0574/AQAS					
PURPOSE: Clinic Use				TOTAL	8,259.06

Terms & Conditions:

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) shall 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.

BY THE AUTHORITY OF THE MSD CHIEF:

Very truly yours,

JANEC. RAGOS
 FC IV / CHIEF - ASS

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

Certified Budget Available: Funds Available in the amount of: <u>8,645.00</u>		APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEB OIC-RVP, PRO1 THE AUTHORITY OF: OIC RVP Date:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS Head	
With in the COB: <u>2019</u> Expense Code: <u>11000000</u> Bdget: <u>11000000</u> Remarks: <u>(CAPEX)</u>		PHILHEALTH REGIONAL OFFICE I COA <u>12-18-17</u> Received By: <u>PO</u> Time: <u>BY THE</u>
Conformer: <u>NOVA C. DE VERA</u> Signature over Printed Name and Position of Authorized Representative		

INSTRUCTIONS ON HOW TO USE THIS FORM:

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:

1 copy - Comptrollership Dept.

1 copy - COA

1 copy - Supplier