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## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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

POMM-P-006

## **PURCHASE ORDER**

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION . GENERAL SERVICE UNIT

Supplier:	TWO BROTHERS GROCERY INC.	PO No. 17-246
Address:	#2 Quezon Avenue, Vigan City Ilocos Sur	Date: 12/20/2017
Tel.Fax No.:		Terms of Payment: C.O.D
Supplier Regi	stered with: 005-839-776-000 (VAT)	Mode of Procurement: Negotiated Procurement-
	and the second s	Small Value Procurement

Please deliver to this office within on December 20,2017 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	7	packs	Kisses Chocolate	46.74	327.18
	5	pcs	Picture Frame	91.00	455.00
en enemanis en	5	pcs	Piknik in Can	33.25	166.25
,	5	pcs	Sugo Nut	23.85	119.25
	5	packs	All in 1 Del Monte Fruit Salad	95.00	475.00
	5	packs	Spaghetti Filipino Style/Promo pack	130.00	650.00
	•			TOTAL	2,192.68
			Less: VAT (5%1.12)		97.89
			xxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		e de la companya de l
			17-1212-0597		A. CONTRACTOR OF THE STREET, T
			PURPOSE: Corporate Christmas Activity/Year-End Celebration	TOTAL	2,094.79

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.

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Bdget: Remarks:	APPROVED:  ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE  OIC-RVP. PRO1
EDNALYN K. MOLINA Date: 12-20-17	
Signature over Printed Name and Position of Authorized Representative	Date

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 defined as the control of the simple delivery of the simp
- 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 submitter the lowest quotation and if it had met the required specs
- d upon completion of signatories of authorized personne 3. All other terms and conditions stated herein &