

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 17-246

Date: 12/20/2017

Terms of Payment: C.O.D

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

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

Terms & Conditions:

- Very truly yours,

MARICAR M. ARZADON, M.D.

MO VII / MSD CHIEF

<p>Certified Budget Available: _____</p> <p>JOSE A. MONES Fiscal Controller III</p> <p>With in the COB: <u>20P</u></p> <p>Expense Code: <u>5029918003</u></p> <p>Bdget: <u>no support</u></p> <p>Remarks: _____</p>	<p>Funds Available in the amount of: <u>2,197.68</u></p> <p>EDWARD Q. ESPIRITU OIC-FMS Head</p> <p>PHILHEALTH REGIONAL OFFICE I COA</p> <p>Received By: <u>as</u></p> <p>Time: _____</p>	<p>APPROVED: _____</p> <p>ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSE OIC-RVP, PRO1</p>
<p>Conforme: _____</p> <p><u>EDMILYN R. MOLINA</u> Date: <u>12-20-17</u></p> <p>Signature over Printed Name and Position of Authorized Representative</p>		<p>Date _____</p>

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 terms.
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 shall be valid upon completion of signatories of authorized personnel.