



## PURCHASE ORDER

OFFICE/DEPARTMENT: MSD-Admin

Supplier: **ALROSE PRINTING SERVICES**

Address: 26 Cabana St. Corner Allarey St.,

Lucena City

Tel./Fax No.: 373 7168

Supplier Registered with: Department of Trade and Industry

PO No. 17-093

Date: 5-May-17

Terms of Payment: on account

Mode of Procurement: NP-SV

Please deliver to this office within 15 days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	125	reams	Printing of Benefit Payment Notice Form (BPN)	120.00	15,000.00
			-back to back printing		
			-A4 size paper (paper is provided by Philhealth Regional Office IVA)		
					15,000.00
			Less Taxes: 5% VAT	669.64	
			1% EWT	133.93	803.57
			<b>TOTAL AMOUNT</b>		<b>14,196.43</b>
			Purchase Request No:		
			2017-088- dated 05-04-17		

Notes:

1. The goods and services to be supplied shall conform to the specifications and standards set forth in the attached Bill of Materials (BOM) and/or other documents. The Supplier shall be responsible for the quality and quantity of the goods and services supplied.

2. The Supplier shall be responsible for the timely delivery of the goods and services to the designated location.

3. The Supplier shall be responsible for the proper packaging and handling of the goods and services.

4. The Supplier shall be responsible for the proper labeling and marking of the goods and services.

5. The Supplier shall be responsible for the proper documentation and record keeping of the goods and services.

6. The Supplier shall be responsible for the proper disposal of the goods and services.

7. The Supplier shall be responsible for the proper maintenance and repair of the goods and services.

8. The Supplier shall be responsible for the proper training and development of the personnel involved in the supply of goods and services.

9. The Supplier shall be responsible for the proper communication and coordination with the other departments and offices.

10. The Supplier shall be responsible for the proper compliance with the laws and regulations.

Very truly yours,

**FELICIANA O. PASTORIDE**

OIC, MSD

Certified Budget Available:	Funds Available in the amount of:	15,000.00	APPROVED:
<b>ERLYN V. ROJAS</b> Fiscal Controller II	<b>ARON R. RIANO</b> Fiscal Controller III		<b>ALBERTO C. MANDURIAO</b> RVP, PRO IVA
With in the COB: 2017-COB			
Expense Code: 863-00			
Budget: 15,000.00			
Remarks:			
Conforme:			Received Copy of PO:
<b>ROSALYN S. LIMCUANAN</b> Signature over Printed Name and Position of Representative			05-11-17 Date

RECEIVED  
MAY 11 2017  
B.Y. *adsh*