Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNG, Commercial Bldg., Francisco Dubon St., Tapuac District Dagupan City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: KILUSAN NG MGA KABABAIHAN TUNGO SA KAUNLARAN MULTI PURPOSE COOPE
Address: MIRANDA Bldg., Quezon Avenue, Alaminos City Pangasinan
Tel Fax No: 9273792410
Supplier Registered with: 026-078-184-000 VAT

PO No. 18-10
Date: 3/2/2018
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within on March 10,2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	15	pax	Meals (AM & PM Snacks , Lunch)	595.00	8,925.00
				TOTAL	8,925.00
			Less: VAT (5%/1.12) xxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		398.44
			18-0226-0138		
			PURPOSE: PhilHealth 23rd Anniversary Celebration	TOTAL	8,526.56

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) 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.
MD VII / MSD CHIEF

18030060

...ON NO.

Certified Budget Available: Funds Available in the amount of: 8,925.00

JOSE A. MONES
Fiscal Controller II

EDWARD Q. ESPIRITU
OIC-FMS Head

PHILHEALTH REGIONAL OFFICE I
COA
3-5-18
Received By:

Voucher No.
Expense Code
Object
Remarks

APPROVED:

ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE
Regional Vice President

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date: 3/5/2018

Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

1. This form shall be used for single 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 canvass of the Division Chief & Section 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 allowed 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