

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KILUSAN NG MGA KABABAIHAN TUNGO SA KAUNLARAN MULTI PURPOSE COOPE PO No. 18-10
 Address: MIRANDA Bldg., Quezon Avenue, Alaminos City Pangasinan Date: 3/2/2018
 Tel Fax No: 9273797410 Terms of Payment: Charge
 Supplier Registered with: 036-078-184-000 VAT 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	pcs	Meadle IAM & PM Snacks, Lunch	\$95.00	8,925.00
				TOTAL	8,925.00
				Less: VAT (5%/1.12)	398.44
				TOTAL	8,526.56

Terms & Conditions

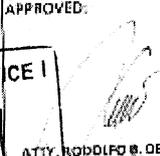
- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- 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.
- 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.

18 03 0060

Very truly yours,

MARICAR M. ARZADON, M.D.

MD MI / MSD CHIEF

Certified Budget Available: Funds Available/FA amount of: <u>8,926.56</u>		APPROVED:
JOSE A. MONES, Fiscal Controller	EDWARD Q. ESPIRITU DIC-FMS Head	 ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE Regional Vice President
Date of the COB: <u>3/2/18</u> Release Code: <u>1500</u> Subject: <u>PhilHealth 23rd Anniversary Celebration</u> Remarks:	PHILHEALTH REGIONAL OFFICE I COA 3-5-18 Received By: <u>at</u>	
Confirmed: <u>Juan M. Pringale</u> Date: <u>3/2/18</u> Signature over Printed Name and Position of Authorized Representative		Date

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for single purchases of supplies & other materials, for one time delivery or other single delivery items.
- 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 it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatures of authorized personnel.
- The budget allocated must be allocated on the PO by routing to the Comptroller's Department upon approval of the PO.
- This serves the purpose of a contract which shall be the basis of any delivery requirement and payment processing.
- This form shall be prepared in 3 copies distributed as follows:
 1 copy - Comptroller's Dept.
 1 copy - COA
 1 copy - Supplier