

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: KILUSAN NG MGA KABABAIHAN TUNGO SA KAUNLARAN MULTI PURPOSE COOPE PO No: 18-11
 Address: MIRANDA Bldg., Quezon Avenue, Alaminos City Pangasinan Date: 3/2/2018
 Tel./Fax No.: 9273792410 Terms of Payment: Charge
 Supplier Registered with: 006-078-184-000 VAT Made of Procurement: Negotiated Procurement - Small Value Procurement

Please deliver to this office within on March 07, 2018 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	17	pax	Meals (Snacks)	200.00	3,400.00
TOTAL					3,400.00
Less: VAT (5% (1.12))					151.79
18-0220-0123					
PURPOSE: Risk Management Re-Orientation					
TOTAL					3,248.21

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.

BUDGET ALLOCATION
 18 03006-1

Very truly yours,
MARICAR M. ARZADON, M.D.
 MD VII / MSD CHIEF

Existing Budget Available: _____ Funds Available in the amount of: <u>3,400.00</u> JOSE A. MONES Fiscal Controller III EDWARD Q. ESPIRITU OIC-FMS Head Within the COB: _____ Expense Code: _____ Budget: _____ Remarks: _____	PHILHEALTH REGIONAL OFFICE I COA 3-5-18 Received By: _____ Time: _____	APPROVED: ATTY. RODOLFO B. DEL ROSARIO, JR., MBA CSEE Regional Vice President Date: _____
Confirms: _____ Signature over Printed Name and Position of Authorized Representative Date: <u>3/5/18</u>		Date: _____

- INSTRUCTIONS ON HOW TO USE THIS FORM:**
- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
 - This form shall be accompanied by the staff of the Procurement Section upon decision of the OIC on Chief & Manager Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
 - All other terms and conditions stated herein are valid upon completion of signature of authorized personnel.
 - The budget allocated must be affixed 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