Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
LNG Commercial Bldg., Francisco Ortigas St., Tagaytay District, Quezon City

POMM-P- 006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

PO No. 18-14
Date 3/7/2018

Supplier: MARC'S ID HAUZ
Address: 89-F Don Manuel Agregado Street, Quezon City
Tel/Fax No.: 02-2090024/7413278
Supplier Registered with: 203-401-042-001 VAT

Terms of Payment: COD
Mode of Procurement: Negotiated Procurement-Small Value Procurement

Please deliver to this office within 45 *days upon approval of actual sample* from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	2,000	pcs	Corporate Pen See attached lay out & specs	55.00	110,000.00
				TOTAL	110,000.00
			Less: VAT (5%/1.12)		4,910.71
			EWT (1%/1.12)		982.14
			xxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxx		
			18-0208-0094 PURPOSE: corp. give-aways for members, employers, stakeholders, partners, pro1 alaga, corp. activities	TOTAL	104,107.15

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 [illegible] working days on or before the date stipulated in the PO.

Very truly yours,

MARICAR M. ARZADON, M.D.
MO VII / MSD CHIEF

BUDGET ALLOCATION NO. 18030110

BY THE AUTHORITY OF THE
MARIMEL C. BRAVO
FISCAL CONTROLLER III

Certified Budget Available — Funds Available in the amount of: 110,107.15

JOSE A. MONES
Fiscal Controller III

EDWARD Q. ESPIRITU
OIC-FMS Head

PHILHEALTH REGIONAL OFFICE I
COA
4-16-18
Received By:
Time:

With in the COB:
Expense Code:
Budget:
Remarks:

APPROVED:

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

Conforme:

JONATHAN SONG
Signature over Printed Name and Position of Authorized Representative

Date: 4/13/2018

Date

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 items.
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 are valid upon completion of signatories of authorized personnel.
4. The budget allocated must be affixed 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