



PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION , GENERAL SERVICE UNIT

Supplier: MAGIC APPLIANCE CENTER
Address: G/F Nepo Mall, Arellano Dagupan City
Tel.Fax No.: 523-0717
Supplier Registered with: 004-008-166-010 VAT

PO No. 2019-031
Date: 3/15/2019
Terms of Payment: Charge
Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within **1 week** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	3	pcs	Rice Cooker 30 cups (Standard SRC30)	2,746.00	8,238.00
	18	pcs	Stand Fan (standard SSX16)	1,278.00	23,004.00
	8	pcs	Wall Fan (standard STW16F)	1,136.00	9,088.00
	1	pc	Television 32 inches (devant 32 DL543)	9,400.00	9,400.00
			TOTAL		49,730.00
			Less: VAT (5%/1.12)		2,220.09
			EWT (1%/1.12)		444.01
			xxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxx		
			19-0208-0129		
			PURPOSE: Corporate Social Responsibility Activity for PhilHealth 24th Anniversary	TOTAL	47,065.90

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.

Very truly yours,

BY THE AUTHORITY OF THE WSP Chief
3/15/19
Leticia D. Ravandro 3/15/19
FC III

CYNTHIA S. SANTOS
Division Chief IV/MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: <u>49,730.00</u>		APPROVED: ALBERTO C. MANDURIAO Regional Vice President, PRO 1
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU OIC-FMS Head	
With in the COB: _____ Expense Code: _____ Bdgct: _____ Remarks: _____		<u>3-18-19</u> Date
Conforme: <u>[Signature]</u> Signature over Printed Name and Position of Authorized Representative		

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 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.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership 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.