

MEMORANDUM

PUR-IM-009



To: ALL CLAIMANTS
Thru: DEPARTMENT MANAGERS
Cc: DIVISION MANAGERS
From: PURCHASING DIVISION
Date: JANUARY 23, 2019
Re: Implementation of Purchasing Revised Forms

Please be informed that the following forms were revised and implemented. We therefore request all claimants to use these form templates starting January 25, 2019.

Related Standard	Form Number	Form Name	Revision Details
REPISG35002 – Procedural Manual of Purchasing Operations	REPISG35002.03.003	Application for Order Change	Added the Factory Manager in the Approval box.
	REPISG35002.06.002	Application for Item Evaluation and result Information Sheet	Changed the approval of the evaluators.
	REPISG35002.08.001	Discrepancy Report Form	Added the column for YY & added one digit for the series. Transferred from REPISG35005 Control Rules of Warehouse
REPISG35003 – Procedural Manual of Purchasing Control	REPISG35003.05.002	Notification of Return Shipment	Added the Factory Manager in the Approval box.

These said forms are already uploaded in the REPI Homepage for your reference and guidance.

Thank you.

PURCHASING DIVISION	
Department Mgr.	Division Manager
	

APPLICATION FOR ORDER CHANGE

■ Please attach a Purchase Request in case of addition of quantity.

Issued By		Applicant					
		Section Manager	Dept. Manager	Div. Manager	HQ Manager	Factory Manager	President
Division							
Extension Tel. No.	Extension Fax No.						
			<20,000	<80,000	<400,000	<800,000	≥800,000
Purchase Request No.		Item/Specification					
Present Contents		Changed Contents					
Amount Before Change		Amount After Change					
Currency ()		Currency ()					
Reason of Change							

Purchasing Section							
Changed Order No.		Method of Change			Special Mention		
		<input type="checkbox"/> Cancellation of Account Payable <input type="checkbox"/> Cancellation of Receiving <input type="checkbox"/> Cancellation of Purchase Order <input type="checkbox"/> Change of Purchase Order <input type="checkbox"/> Inputting Purchase Request <input type="checkbox"/> Issue of Purchase Order					
Total Changed Orders							
Received		Approval of Revision				Revision encoding	
		Sec. Manager	Dept. Manager	Div. Manager	HQ Manager		
		<20,000	<80,000	<400,000	≥400,000		

REPISG35002•03•003

APPLICATION FOR ITEM EVALUATION AND RESULT INFORMATION SHEET

CTRL. No. XXXX-YYYY-MM-XX

PURCHASING DIVISION	
PREPARED	APPROVED

EVALUATING DEPARTMENT
T

DATE:

DIVISION:

PURCHASING DIV.	SUPPLIER NAME	ITEM NAME	SPECIFICATION / PART NO.	LOT NO. / MAKER	Q'TY
	PURPOSE OF EVALUATION				
	<input type="checkbox"/> New Item <input type="checkbox"/> Others [please specify]				
	<input type="checkbox"/> Costdown				
	<input type="checkbox"/> BCP / Alternative				
	ATTACHMENTS				
	<input type="checkbox"/> Sample <input type="checkbox"/> Others [please specify]				
	<input type="checkbox"/> Drawing / Technical Specification				
	<input type="checkbox"/> Price Comparison				
EVALUATION RESULT					
EVALUATOR					
CONCLUSION					

• PLS ATTACH THE ACTUAL EVALUATION RESULT

Evaluated By:

Engineering / Production / Quality Control		Quality Assurance Division		Purchasing Division		

ROHM Electronics Philippines, Inc.

TELEPHONE NO. (632) 894-1536

DISCREPANCY REPORT FORM (DRF)

CTRL #

	-			-			-		
DIV		YY			MM			NO.	

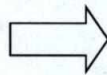
SUPPLIER: _____ ATTN: _____
Invoice / DR No.: _____ PR / PO No. _____
Description: _____
Type / Drawing No.: _____
Order Quantity: _____ Abnormal Qty: _____

TYPES OF ABNORMALITY:

<input type="checkbox"/> Wrong type	<input type="checkbox"/> Wrong Measurement	<input type="checkbox"/> Excess Quantity Received
<input type="checkbox"/> Lacking Quantity	<input type="checkbox"/> Incomplete Processing	<input type="checkbox"/> Misinterpretation of Drawing
<input type="checkbox"/> Double Delivery	<input type="checkbox"/> Different Materials Used	<input type="checkbox"/> Others: _____

DETAILED REPORT

REQUESTING DIVISION	
Prepared by:	Noted by:



PURCHASING DIV.	
In-charge	Manager

PLEASE DO NOT FILL-UP, FOR SUPPLIER'S USE ONLY

Answer & Countermeasure ☐ Rework ☐ Replace ☐ Returned

NOTE:

- Applicable to Spare parts, Supplies & Fabricated items only.
- Attached clear copy of drawing for fabricated items.
- Select / Check types of Abnormality which corresponds to your claim.
- This DRF Form is for DIRECT PURCHASES only.
- SUPPLIER TO ANSWER WITHIN 2 DAYS.

Conforme
Supplier

NOTIFICATION OF RETURN SHIPMENT

Issue Date

(yy) (mm) (dd)

To be filled in by the requestor section

Issued By		Section Mgr.	Dept. Mgr.	Div. Mgr.	HQ Mgr.	Factory Mgr.	President
Division		Stamp					
Extension Tel. No.	Extension Fax No.						
Purchase Request No.			<20,000	<80,000	<400,000	<800,000	≥800,000
Present Contents		Unit (kg)	Unit Price	Amount		Currency	
Reason of Return							

To be filled in by the Purchasing section

Purchase Order No.	Supplier Code	Supplier Name																										
Reason																												
Remarks:																												
<table border="1"> <tr> <th rowspan="2">In-charge</th> <th colspan="4">Approval of Returning</th> </tr> <tr> <th>Section Mgr.</th> <th>Dept. Mgr.</th> <th>Div. Mgr.</th> <th>HQ Mgr.</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><20,000</td> <td><80,000</td> <td><400,000</td> <td>≥400,000</td> </tr> </table>	In-charge	Approval of Returning				Section Mgr.	Dept. Mgr.	Div. Mgr.	HQ Mgr.							<20,000	<80,000	<400,000	≥400,000	→	<table border="1"> <tr> <th>Returned</th> </tr> <tr> <td>In-charge stamp</td> </tr> <tr> <td></td> </tr> </table>	Returned	In-charge stamp		→	<table border="1"> <tr> <th>Requestor's Copy</th> </tr> <tr> <td></td> </tr> </table>	Requestor's Copy	
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Remarks:																												
Reference No.																												
For Debit Note _____ For Replacement _____ Others _____																												
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