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PUBLIC OF THE PHILIPPINES e Health Insurance Corporation 709 CityState Center Bldg.

709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158

PRID-PS-07

PURCHASE ORDER

				PURCHASE OR	DEI			
Supplier HLYC TRADING						P.O No.:	09-14	2-12
Address 1133 E. Aguilar St., Sta. Cruz, Manila						Date: September 26, 2012		
Tel.Fax N	el.Fax No. 998-1070 / 514-6417 / Telefax no. 310-5789					Term of Payment: On Account		
Supplier	Registere	ed with:	PHILHEALTH		Mode	of Procurement:	Local Shopping	
			Office (Office Or	order No. 0017, s. 2012	
Plea	se delive	r to this o	office within	7 working da	ays	from red	ceipt hereof the	e following
NO.	QTY	UNIT		ITEM DESCRIPTION	ON		UNIT	TOTAL
				1.700	L t 15 - 2 - 1	lunt a main m	PRICE 22.00	4,752.00
1	216	pc	DVD REWRITABLE, 4x	speed, 4.7GB capacity wit	n inaivia	ival casing	22.00	4,732.00
								4,752.00
				LESS:		200		
				EWT	1%	42.43		254.57
				GMP	5%	212.14	l -	4,497.43
			DN4 #			09 - 3	01	
			RIV #	/17/12 PRID-PRSMD - Ely E.	Roxas	09-3	94	
				/20/12 TFCCO - Jose Berno		gayre		
				THE STATE OF THE S				
	Conditions				(40/)		value of undali	varad
				t equivalent to 1/10 on o	ne (1%)	percent of the total	value of under	vereu
order	for each c	lay of the	delay as liquidated	damages.	المحالمية	ed it shall be deem	ed received on	the day
2. If the	date of re	eceipt of t	he Purchase Order /	P.O. by the dealer is not	hrough	fay or e-mail	ed received on	the day
it was	acknowle	age to na	re been received by	a representative either to within the prescribed sch	dule da	ites. Supplier are ad	vised to inform	Procurement
3. Delive	ery of the	two (2) d	n(s) shall be made v	ery. Use of elevator shall	only be	from 09:00 to 11:30	a.m. and 1:30	to 3:00 p.m.
Section	n at least	LWO (Z) U	E) All item(s) shall l	be delivered and accepte	d by the	Procurement Section	on at 15th Floor	, Room
		Ctr. Bldg.		be delivered and accepte	u by the			
				quired for one-time com	plete de	livery of the goods.		
5 Defec	tive inco	mnatible (or non-compliant of	goods as to specification	when a	uoted shall be reject	ted and returne	d at the
				unit in case of repair.		•		
6 Paym	ent shall h	ne made ir	full subject to corr	esponding government ta	xes witl	hin fifteen (15) work	ring days upon r	eceipt of
Certificate of Acceptance and Inspection Report Very truly yours,							2, -	harler
						M: 4	M. TULIAO, CE	/ <i>Y1 ((*</i>
							or Manager, PRID	3
				DL - 4 75	2.00	APPROVED:		
Certified B	udget Availa	ble: (Funds Available in the	amount of: Php4,75	2.00	APPROVED.		
	CORAZON	M. TABUI	_AO	LILIA R. GARRIDO		Ω	0/	
	Fiscal C	ontroller I	11	Fiscal Controller III		u	Cy	
							VINO Q. ESGUEI	
Within the			0/2				Vice President,	MSS
Expense C Budget:	0		Trunu deputs				horized Representat	ive
Remarks:		M1495	S-5011	-0				
		71-1-1	110				(0.0	
CONFOR	RME:		ORDE	TRAINER A		Received copy	2 -12	
		Signature	over Printed Name a	and Position of authorized	_	100	Date	

representative