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PUBLIC OF THE PHILIPPINES re Health Insurance Corporation 709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

PRID-PS-07

PURCHASE ORDER

and the sa		BUICH	NESS MACHINES CORPORATION		P.O No.:	09-14	45-12
upplier	-		Orense car. Del Carmen St. Makati C	tu	Date:	Septembe	er 28, 2012
ddress				×-	Term of Payment:	On A	ccount
el.Fax N	Registere	- 3355 to	PHILHEALTH	/)	e of Procurement:	Local Shopping	
upplier	Registere	with.	THETERETT		Office Ord	er No. 0017	s. 2012
Dlas	aa daliyaa	r to this s	office within 7 working day	/S		ot hereof the	
NO.	QTY	UNIT	ITEM DESCRIPTIO			UNIT	TOTAL AMOUNT
			FAX MACHINE			12,750.00	12,750.0
1	1	unit	Printing/Scanning/Copying/Faxing up to 24 pp 16MB, 600 x 600 dpi, HQ1200 (2400 x 600 dpi) q - Brand/Model: Brother MFC-7360 Note: One (1) Year Warranty on parts and service	luality	'24ppm (letter)		10.750
							12,750.0
			LESS:	1%	113.84		
			EWT GMP	5%	569.20		683.0
							12,066.
			RIV #			0-02	6
			12-0642 dtd. 09/10/12 Treasury Dept Mela	anie G.	Llenos -	-	
1503 (4. Delive 5. Defectime 6. Paym	Citystate (ery Receip tive, inco of delivery ent shall t	Ctr. Bldg. It and Sale Impatible In With proper made in	P.). All item(s) shall be delivered and accepted Pasig City s Invoice shall be required for one-time complor non-compliant of goods as to specification wo ovision for a back-up unit in case of repair. In full subject to corresponding government tax	ete deli vhen qu	ivery of the goods. oted shall be rejected	and returned	at the
Certif	ficate of A	cceptance	e and Inspection Report	Very	truly yours,	Jahn Jahn	
						CARMEN BON	
				_	Divisi	on Chief, PRSMI	78
Certified E	Budget Availa		Funds Available in the amount of: Php12,750	00.00	APPROVED:		
	- C	malus	LILIA RI GARRIDO	1~			
	Fiscal Controller III to Fiscal Controller III					- 10/8/12	
	riscal C	ontrotter.	Tiscal Controller III			V. TULIAO, CE	
Within the	COR. 2	012		1	Senio	or Manager, PRII	
Expense C			on music contion Equipment)			D OF THE AGENCY orized Representat	ive
Budget: Kemarks:	Clarg	Di-	Treasury		Ur Auch	orized Representati	
CONFOR	RME:	EANIM	Dental Dental MIN	_	Received copy of	P.O.: 2	
1		Signature	over Printed Name and Position of authorized			Date	
1		1	representative				