

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

PRID-PS-07

PURCHASE ORDER

Supplier **INNOVALITE ELECTRICAL ENTERPRISE**
Address **2F, Unit F & H Princetone Square Bldg., Pasig City**
Tel.Fax No. **642-4739, 330-5299, Fax No. 900-0228**
Supplier Registered with: **PHILHEALTH**

P.O No.: **10-146-12**
Date: **October 2, 2012**
Term of Payment: **On Account**
Mode of Procurement: **Local Shopping**

Office Order No. **0017, s. 2012**

Please deliver to this office within **15 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	223	tubes	FLUORESCENT TUBES, 40 WATTS FOR RAPID START BALLAST Brand/Model: GE Fluorescent Tube	76.00	16,948.00
			LESS:		16,948.00
			EWT 1% 151.32		907.93
			GMP 5% 756.61		16,040.07
			RIV # 12-0710 dtd. 09/21/12 PRID-GSBMD - Emily D. Briones		10-058

Term & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report

Very truly yours,

[Signature]
LOLITA V. TULIAD, CESO V
Senior Manager, PRID

Certified Budget Available: <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	Funds Available in the amount of: Php 16,948.00 <i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	APPROVED: <i>[Signature]</i> OCTAVINO Q. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>		Received copy of P.O.: <i>[Signature]</i> 10/08/12 Date
CONFIRME: <i>[Signature]</i> ALBERTO M. MONISIO Signature over Printed Name and Position of authorized representative		