

REPUBLIC OF THE PHILIPPINES  
**PhilHealth Insurance Corporation**  
709 CityState Center Bldg.  
Snaw Blvd. Brgy. Oranbo, Pasig City  
Telefax No. 637-3158

PRID-PS-07

### PURCHASE ORDER

Supplier **GROUP 5 AUDIO VISUAL SYSTEMS CORPORATION**  
Address **UG U-35 Cityland 9 Dela Rosa Condo., Dela Rosa St., Makati City**  
Tel.Fax No. **812-9157 to 59 / 810-4258, Fax No. 813-2309**  
Supplier Registered with: **PHILHEALTH**

P.O No.: **11-176-12**  
Date: **November 20, 2012**  
Term of Payment: **On Account**  
Mode of Procurement: **Local Shopping**

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

Please deliver to this office within **10 working days**

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	ca	TONER CARTRIDGE FOR HP PRINTER P3005N	5,550.00	27,750.00
			LESS:		27,750.00
			EWT 1% 247.77		
			GMP 5% 1,238.84		1,486.61
					26,263.39
			RIV # 12-0671 dtd. 09/17/12 PRSMD - Ely E. Roxas		

#### 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.
- All original and atleast One (1) Year Expiration. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 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. TULIAO, CESO V**  
Senior Manager, PRID

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <b>Php27,750.00</b>	APPROVED:
<b>CORAZON M. TABULAO</b> Fiscal Controller III	<b>LILIA R. GARRIDO</b> Fiscal Controller III	<i>[Signature]</i> <b>OCTAVINO Q. ESGUERRA</b> Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>2012</b> Expense Code: <b>765.00 (other supplies expense - IT supplies)</b> Budget: <b>27,750.00</b> Remarks: <b>per PO # 1495 s all changed to complete</b>		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date