

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

PRID-PS-07

PURCHASE ORDER

Supplier K SERVICIO TRADE, INC.
Address 111 12th Ave., Cubao, Quezon City
Tel.Fax No. 913-3052 / Fax no. 913-3050
Supplier Registered with: PHILHEALTH

P.O No.: 11-184-12
Date: November 21, 2012
Term of Payment: On Account
Mode of Procurement: Local Shopping

Office Order No. **0017, s. 2012**
from receipt hereof the following

Please deliver to this office within 10 working days				
NO.	QTY	UNIT	ITEM DESCRIPTION	TOTAL AMOUNT
1	1	unit	DIGITAL VOICE RECORDER 2GB - Brand/Model: PX312M - Built-in memory up to 534 hrs of recording - Voice Operated Recording - A-B Repeat/Digital Pitch Control - Divide/Add/Overwrite editing functions - Noise Cut Function - File Protection Lock Note: One (1) Year Warranty	5,290.00
			LESS:	
			GMP 5% 236.16	236.16
				5,053.84
			R/V # 12-0697 dtd. 09/20/12 TFCCO - Jose Bernard B. Ogayre	11-323

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 acknowledged 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,

CHERIE CARMEN B. DIVINA
Division Chief, PRSMD

Certified Budget Available: <u>Complete</u>	Funds Available in the amount of: <u>Php5,290.00</u>	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	for: <u>Clairine 11/21/12</u> LOLITA V. JULIAO, CESO V Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FY 2012</u> Expense Code: <u>734-10 O&M SUPPLIES</u> Budget: <u>5,290.00 TFCCO</u> Remarks: <u>Per PRM 1401, 1402, 1403</u>	Received copy of P.O.: <u>Nov. 26, 2012</u> Date	
CONFORME: <u>[Signature]</u> <u>F.S.E</u> Signature over Printed Name and Position of authorized representative		