

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

PRID-PS-07

PURCHASE ORDER

Supplier **AVID SALES CORPORATION**
Address **310 Level 3, Gateway Mall, Socorro Araneta Center, Cubao, Q.C.**
Tel.Fax No. **911-3910 / 912-5494**
Supplier Registered with: **PHILHEALTH**

P.O No.: **11-194-12**
Date: **November 27, 2012**
Term of Payment: **C.O.D.**
Mode of Procurement: **Local Shopping**

Office Order No. 0017, s. 2012

Please deliver to this office within **C.O.D.** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	DIGITAL VOICE RECORDER 4GB - Brand/Model: Sony ICD-UX533F - All in One recorder, audio player and USB Storage Device - Records up to 1073 hours in LP mode - Expandable memory: Micro SD/M2) - Battery Life: 30 hours in LP mode - 1 x AAA Rechargeable battery supplied, battery case, stereo head- phone USB connection support cable, 1-pc CD ROM Note: One (1) Year Warranty on parts and service LESS: EWT 1% 64.38 GMP 5% 321.88 RIV # 12-0445 dtd. 07/05/12 SBAC - Annabelle T. Cayabyab	7,210.00	7,210.00
					7,210.00
					386.26
					6,823.74

Term & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
- No price increase shall be made by the supplier within seven (7) working days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incompatible or non-compliant as to specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check within three (3) calendar days.

Very truly yours,

CHERIE CARMEN B. DIVINA
Division Chief, PRSMD

Certified Budget Available: <u>2012</u>	Funds Available in the amount of: Php7,210.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA B. GARRIDO Fiscal Controller III	LOLITA V. TULIAO, CESO V Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2012</u> Expense Code: <u>238-10 (Office Equipment)</u> Budget: <u>P 7,210.00</u> Remarks: <u>Changed to SBAC</u>		
CONFORME: <u>ROBERT OTERO</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>11-10-12</u> Date