

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

PURCHASE ORDER

P.O No.:	12-201-12
Date:	December 12, 2012
Payment:	On Account
Procurement:	Local Shopping

Office Order No. 0017, s. 2012


Please deliver to this office within 7 working days from receipt hereof the following

Term & Conditions:

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1. 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.
 2. 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
 3. 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
 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
 5. 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.
 6. 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,

LOLITA V. TULIAO, CESO V
Senior Manager, PRID

Certified Budget Available:	Funds Available in the amount of:	Php 19,110.00	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA B. GARRIDO</u> Fiscal Controller III	 OCTAVINO R. ESGUERRA Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative	
Within the COB: <u>7-29-12</u> Expense Code: <u>781-11-1 SUPPLIES</u> Budget: <u>3-19-11-1</u> Remarks: <u>PAID BY NGC, CDO</u>			Received copy of P.O.: _____ Date
CONFORME: <u>Ramir Molina 12-18-12</u> Signature over Printed Name and Position of authorized representative			

Fixed 12.18.12
4:45pm

Due on Jan 2