

REPUBLIC 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 **THE VALUE SYSTEMS PHILIPPINES, INC.**  
Address **2934 Upson Bldg., Il Ramon Magsaysay Blvd., Sta. Mesa, MM**  
Tel.Fax No. **716-0869/1468/2757/2879, 338-0888, Fax No. 338-1818**  
Supplier Registered with: **PHILHEALTH**

P.O No.: **12-206-12**  
Date: **December 18, 2012**  
Term of Payment: **C.O.D.**  
Mode of Procurement: **Small Value Procurement**

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

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	FAX MACHINE, 5-in-1 - Brand/Model: HP Officejet J4660 - Print/Fax/Scan/Copy/Telephone Note: One (1) Year Warranty	6,600.00	6,600.00
			LESS:		6,600.00
			EWT 1% 58.93		
			GMP 5% 294.64		353.57
					6,246.43
			RIV # 12-0980 dtd. 12/11/12 OCIO-Propor - Lynette C. Geronimo		

#### 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:	Funds Available in the amount of:	Php6,600.00	APPROVED:
<i>Corazon M. Tabulao</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III	<i>Lilia R. Garrido</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III		<i>for: Geraine 12/27/12</i> <b>LOLITA Y. TULIAO, CESO V</b> Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>2012</i>	Expense Code: <i>238-30 C Com. Equipment</i>	Budget: <i>6,600.00</i>	Remarks: <i>Changed to OCIO</i>
CONFORME:			Received copy of P.O.:
Signature over Printed Name and Position of authorized representative			<i>JOHN N. ANG</i> Date: <i>12/14/2012</i>