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FAX NO. :5266966

PUBLIC OF THE PHILIPPINES

4 Jan. 2013 3:44PM P1

ATTU FLOMAR

Philippine Health Insurance Corporation

709 CityState Center Blcg. Shaw Bivd, Brgy. Oranbo, Pasig City Telefax No. 637-3158

PRID-PS-07

PURCHASE ORD	PI	RCH	ASE	OR	DER
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Supplier i	IAM	ANTILINK SYSTEMS, INC.							1	P.O		12-208-12			
Address	Taft Ave	cor. Malv	ar St.	t., Malate Manila		Date:						December	18, 2012		
Tel.Fax No.		1, Fax No. 526-6966				Term of Payment:						On Account			
Supplier Registered with:			PHILHEALTH				Mode of Procurement:					Sin	all Value I	Procurement	
										Offic	te Q	rde	rN	o. 0017,	s. 2012
Please	delive	to this	office with	nin _		10 V	vorking	days		fror	n rec	ceip	the	reaf the f	ollowing _
NO.	QTY	UNIT				ITEM	DESCRIPT	ION						UNIT	TOTAL
1	2	Units	A#/Colo	odel: x 240 r/Spec ered:	Canon LID Idpix4800 rd 300dpi; Cannecti	E 110 Sc api: 464 Approx zity: Hi-s	bl† Input/eut c, 1,6 sec; 4 E				,			3,700,00	7,400.00
			Note: One	1 [1] 18	egis vvalic		ESS: EWT GMP	1% 5%	66.07 320.36						7,400.0C
		Ì	1				9/4//	370	\$20.30			Į	1	+	7,003.57
			RIV # 12-0984 12-0990				deline A. Me -E-Claims - L		Geronimo	1	2	-	4	3 0	
2. If the da it was ac 3. Delivery Section is	reach d te of re knowle of the a	impose ay of the ceipt of t dge to ha above ite two (2) a	delay as ti the Purchas ave been re m(s) shall t days before	quida e Ord ceive be ma	ted dama ler / P.O. d by a rep de within delivery. L	by the resenta the pro-	dealer is no ative either	ot indicat through nedule da Il or ly be	fax or e-mattes. Supplies from 1990	be dail er an 0 to 1	e adv	ed r	ecei 1 lo 1. ar	ved on the inform Pro nd 1:30 to 3	day curement 8:00 p.m.

1503 Citystate Ctr. Bldg. Pasig City
4. 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.

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,

CHIERIE CARMEN B. DIVINA
DIVISION ONIEF, PREMO

	Childre Coldych Di Divino	
	Division Chief, PRSMD	
Cartified Budget Available: Funds Available in the amount of: Php7,400.00  CORAZON M. TABULAO LILIA F. GARRIDO LILIA F. GARRIDO Fiscal Controller III	APPROVED:	
Within the COB: 39/2 Expense; COB: 375-40 C TT farmy main Budget: 8 T 480 Homarks: Changed & TFL and Octo	LONTA V. TULIAO, CESO V Semor Manager, PRID HEAD OF THE ADENCY Or Authorised Representative	
CONFORME:  FLOMAR PANYAGE  Signature over Printed Name and Position of authorized representative	Received copy of P.C.: 1/4/13 Date	