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103 CityState Center Blag. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

## **PURCHASE ORDER**

PRID-PS-07

Supplier	INNOVALITE EL	ECTRICAL ENTERPRISE	P.O No.:	12-211-12	
Address		etone Square Bldg., Pasig City	Date:	December 19, 2012	
Tel.Fax No.	642-4739, 330-5299,		Term of Payment:	ON Account	
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procuremen	
Please o	deliver to this office	within15 calendar		ler No. 0017, s. 2012 pt hereof the following	
NO C	TV HALT				

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT	TOTAL
1	1	unit	REFRIGERATOR, 6 cu.ft., single door, semi-automatic	PRICE	AMOUNT
			- Brand/Model: LG GN-V191RLZ	10,995.00	10,995.0
			- Moist Balance Crisper		
			- Platinum silver, large freezer	1	
		x 79	- Dimension: 525x1150x570mm		
- 1			Note: Five (5) Years Warranty on compressor	1 1	
12			One (1) Year Warranty on parts and service		
			LESS:		10,995.0
			EWT 1% 98.17		
	- :		GMP 5% 490.85	a a a	
.			3/0 470.03	*	589.0
	. 1		12 - 4 3 2		10,405.98
	1		RIV#		
			12-0980 dtd. 12/11/12 OCIO-Proper - Lynette C. Geronimo		

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. 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

Ver	Very truly yours,		
	CHERIE CARMEN B. DIVINA		
Certified Budget Available: / Funds Available in the amount of	Division Chief, PRSMD		
CORAZON M. TABULAO LILIA RI GARRIDO 11/2	APPROVED:		
Fiscal Controller III Fiscal Controller III  (Ithin the COB: 2012	LOLITA V. TULIAO, CESO V		
expense code: 236-10 (office Equipment)  additional to OCIO	Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative		
ONFORME: Jorge Hardeflor	Received copy of P.O.:		
Signature over Printed Name and Position of authorized representative	1-4-13 Date		
Faxed 1.4.13 3:35 pm	Due 1/11/2		