

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

PRID-PS-07

PURCHASE ORDER

Supplier **MICRO PACIFIC TECHNOLOGIES & SYSTEMS CORP.**
Address **#152 Amorsolo St., Legaspi Vill., Makati City**
Tel.Fax No. **840-4563, Fax No. 894-5860**
Supplier Registered with: **PHILHEALTH**

P.O No.: **12-227-12**
Date: **December 27, 2012**
Term of Payment: **On Account**
Mode of Procurement: **Local Shopping**

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

Please deliver to this office within **30 calendar days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	ea	INK CARTRIDGE FOR EPSON STYLUS PRINTER T40, BLACK Part No. T103190	915.00	7,320.00
					7,320.00
			LESS:		
			EWT 1% 65.36		392.15
			GMP 5% 326.79		6,927.85
			RIV # 12-0885 dtd. 11/15/12 COA - Ana Belinda A. Bartolome		

Term & Conditions:

- 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.
- 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
- 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 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,

by: *C. Divina* 12/27/12
CHERIE CARMEN B. DIVINA
Division Chief, PRSMD

Certified Budget Available:	Funds Available in the amount of:	Php7,320.00	APPROVED:
<i>Amoroso</i> CORAZON M. TABULAO Fiscal Controller III	<i>L. Garrido</i> LILIA R. GARRIDO Fiscal Controller III		<i>L. Tuliao</i> LOLITA V. TULIAO, CESO V Senior Manager, PRID HEAD OF THE AGENCY or Authorized Representative
Within the COB:	Expense Code:	Budget:	Remarks:
<i>cy 2010</i>	<i>785 (IT supplies)</i>	<i>P 7,320.00</i>	<i>Per BR 1445.5-2011</i>
CONFORME:			Received copy of P.O.:
<i>PODOY / CRABE TECH SUPPORT 1/4</i> Signature over Printed Name and Position of authorized representative			Date