



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Regional Office IVA
 AMOJ Square Building, Diversion Road, Brgy. Bocohan, Lucena City
 Healthline (042) 373-7782 region4a@philhealth.gov.ph



PURCHASE ORDER

Supplier:	MCSA MARKETING	P.O. No.:	12-090
Address:	G/F Gedisco Bldg., 446 San Fernando St., Binondo, Manila	Date:	06/08/12
Tel./Fax No.:	Tel No. (02)241-4217, Fax No. (02)241-6791	Terms of Payment:	on account
Supplier Registered with:			public bidding

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

QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
22	units	<input type="checkbox"/> All steel	8,888.00	195,536.00
		<input type="checkbox"/> Double door		
		<input type="checkbox"/> With 5 adjacent shelves		
		<input type="checkbox"/> Gauge #20		
		<input type="checkbox"/> Chrome plated handle		
		<input type="checkbox"/> Duplicate keys		
		<input type="checkbox"/> Wrinkle finish		
		<input type="checkbox"/> Outside Dimension: Height - 72 inches Width - 36 inches Depth - 18 inches		
		<input type="checkbox"/> Colored charcoal gray		
		<input type="checkbox"/> With One (1) year warranty against mechanical defect.		
		****nothing follows****		195,536.00
		Less taxes: VAT 5%	8,729.28	
		EWT 1%	1,745.86	10,475.14
		=p=		185,060.86

CONDITION

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- Render your bills in triplicate copies including the original.
- If the date of receipt of the P.O. by the dealer is not indicated, it shall deemed on the 10th working day from the date of the approval of the P.O.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

MIGUEL T. MACALINAO
 Division Chief, MSD

Approved by:

Funds available in the amount of:

185,536 -

FELICIANA O. PASTORIDE
 Fiscal Controller IV

ALBERTO C. MANDURIAO
 RVP, PRO IV-A

Received copy of P.O. on

Date

By:

CONFORME

Print Name and Signature of Supplier