



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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



PURCHASE ORDER

Supplier: **HYLC TRADING** P.O. No.: **12-091**
Address: **1133E Aguilar St., Sta. Cruz, Manila** Date: **06/08/12**
Tel./Fax No.: **Tel No. (02) 568-6878, Fax No. (02) 313-7064** 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
1	unit	Writing Pen Tablet, Wacom Intuos 5 Touch, Medium Professional Pen	19,800.00	19,800.00
6	units	IP Camera, Planet ICA-HM830W	31,300.00	187,800.00
5	units	Memory, Apacer, DDR3, 4GB,	4,800.00	24,000.00
5	units	Memory Card Reader, Apacer, External Card Reader USB 2.0	1,800.00	9,000.00
4	units	Network Switch for PRO, Cisco SGE 2000, 24-Ports	47,800.00	191,200.00
3	units	Network Switch for Service Office, HP Procurve 2510-24G, 24-Ports	34,800.00	104,400.00
2	units	HDD, External, Portable, Seagate GoFlex 500GB STAA500305	4,000.00	8,000.00
1	unit	HDD, External, Portable, Seagate GoFlex 500GB STAA500305	4,000.00	4,000.00
		****nothing follows****		548,200.00
		Less taxes: VAT 5%	24,473.21	
		EWT 1%	4,894.64	29,367.85
		=P=		518,832.15

CONDITION

1. 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.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the P.O.
4. 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:

ALBERTO C. MANDURIAO
RVP, PRO IV-A

Funds available in the amount of: 548,200 -

FELICIANA O. PASTORIDE
Fiscal Controller IV

Received copy of P.O. on _____
Date _____

By: _____

CONFORME:

Print Name and Signature of Supplier

FROM : HLYC)TRADING

FAX NO. : 3105789

Jun. 14 2012 03:50AM P1

FROM : PHIC IVA

FAX NO. : 023737056

Jun. 13 2012 03:26PM P 1



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PhilHealth Regional Office IVA
AMCJ Square Building, Diversion Road, Erge, Bacolod, Lucena City
Healthline (042) 273-1551 region4c@phic.health.gov.ph



Notice of Award

June 06, 2012

MR. HOMER A. CONCHADA

Owner
HLYC Trading
1133-E Aguilar St.
Sta. Cruz, Manila

Dear Sir,

Please be informed that your Bid dated 30th day of May 2012 for the Supply and Delivery of various IT Equipment for PRO IV-A, at a contract price of **FIVE HUNDRED FORTY-EIGHT THOUSAND TWO HUNDRED PESOS ONLY (Php 548,200.00)** for Lot 1, Lot 4, Lot 5, Lot 6 and Lot 8 in accordance with the Instructions to Bidders is hereby accepted.

You are hereby required to provide within ten (10) days the performance security in the form and the amount stipulated in the Instructions to Bidders. Failure to provide the performance security shall constitute sufficient ground for cancellation of the award and forfeiture of the bid security.

Very truly yours,

ALBERTO C. MANDURIAO
RVP PRO IV-A

Received By:

CRISTINA AREBIS

Received by:

HOMER A. CONCHADA

FAX - 61000
12/000



Republic of the Philippines
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Healthline (042) 373-7554 region4a@philhealth.gov.ph



Notice to Proceed

June 20, 2012

Mr. Homer A. Conchada

Owner
HLYC Trading
1133-E Aguilar St.,
Sta. Cruz, Manila


Dear Sir:

The attached Purchase Order having been approved, notice is hereby given to **HLYC TRADING** that the contract for the Provision of Various IT Equipment for Lot 1, Lot 4, Lot 5, Lot 6 and Lot 8 for PRO IV-A shall commence on June 21, 2012.

Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the Agreement and in accordance with the Implementation Schedule stated in the Bidding Documents.

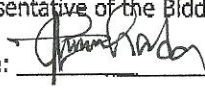
Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the PhilHealth Region IV-A.

Very truly yours,


ALBERTO C. MANDURIAO
RVP, PRO IV-A

I acknowledge receipt of this Notice on JUNE 22, 2012

Name of the Representative of the Bidder: HOMER A. CONCHADA

Authorize Signature:  _____