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...EPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

C			PURCHASE ORDE	R		PRID-PS-07
Supplier Address	THE PERINC CORP				02-005-13	
	ddress #152 Amorsolo St., Legaspi Vill., Makati City 840-4563, Fax No. 894-5860				February 14, 2013	
Supplier Registered with:				Term of Payment:	On Account	
The registered with		od With.	PHILHEALTH M	lode of Procurement:	Small Value Procurement	
Plea	se delive	r to this a	office within 45 calendar days	Office Or	der No. 0161	. s. 2012
NO.	QTY	UNIT	from re		eipt hereof th	e following
		ONLI	ITEM DESCRIPTION		UNIT	TOTAL
1	2	units	CS6 MASTER COLLECTION MAC/WIN INT'L. DVD SET		PRICE	AMOUNT
		11		,,,	120,470.00	240,940.00
			1500		H	240,940.00
			LESS: EWT	1% 2.151.25		,
			GMP	1% 2,151.25 5% 10,756.25	- 1	
			DIV/#	Colors Co	-	12,907.50
			RIV # received:	2 - 1 9 4	-	228,032.50
			13-0054 dtd. 02/05/13 ovp-cag - eleanor P. Rey	es		
Terms & C	onditions	:				
order fo	massis d	inpose pe	nalty in an amount equivalent to 1/10 on one (1%) elay as liquidated damages.	percent of the total val	ue of undalina	- 4
during M 1503 Cit 4. Delivery 5. Defectiv time of a 6. Payment	Mon/Wed/f ystate Ctr Receipt a e, incomp delivery. V shall be r	Fri (MWF). Bldg. Pa nd Sales I atible or I Vith provi	s) shall be made within the prescribed schedule da s before the delivery. Use of elevator shall only be All item(s) shall be delivered and accepted by the sig City proof of the complete delivered shall be required for one-time complete delivered	e Procurement Section a livery of the goods. noted shall be rejected a	m. and 1:30 to 3 t 15th Floor, Ro and returned at	3:00 p.m.
			Very	truly yours,	0	
			D.	CHERIE CA	RMEN B. DIVIN	Α ,
Certified Budge	et Available:	F	funds Available in the amount of: / Php240,940.00		Chief, PRSMD	3
FF	VITUA S		101111	APPROVED:		
	iscal Conti		WILLIE M. BUMACOD Fiscal Controller IV	2	2/21/13	
Within the COB	. 400			LOUTA V.	TULIAO, CESO	v
Expense Code: Budget:	238-20 240 g Charaje	140	Soft ware) OVP-CACE	Senior N HEAD O	Manager, PRID F THE AGENCY ed Representative	
CONFORME:		VEN	20hl ming	Received copy of P	.Ø.:	
	Signa	ature ove	Printed Name and Position of authorized	3/11/	13	
			and resident of authorized	/ Date	0	_

representative

Date