

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

PRID-PS-07

PURCHASE ORDER

Supplier LITANY COMMERCIAL P.O No.: 03-019-13
Address Rm. 321 Downtown Bldg., Quintin Paredes St., Binondo Manila Date: March 19, 2013
Tel.Fax No. 254-2431 / Telefax No. 254-3542 Term of Payment: On Account
Supplier Registered with: PHILHEALTH Mode of Procurement: Local Shopping

Office Order No. 0161, s. 2012

Please deliver to this office within **7 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	HARDWARE SUPPLY Extension Cord, 4-gang, 10 meters	410.00	410.00
					410.00
			LESS:		
			GMP 5% 18.30		18.30
					391.70
			RIV # received: 03-290		
			13-0031 dtd. 01/29/13 SBAC - Annabelle T. Cayabyab		

Terms & 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.
- 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.
- 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,

CRISTINA G. MONSALUD

AO III-OIC, Procurement Section

Certified Budget Available:	Funds Available in the amount of:	Php410.00	APPROVED:
<i>Complian</i> CORAZON M. TABULAO Fiscal Controller III	<i>Lilia R. Garrido</i> LILIA R. GARRIDO Fiscal Controller III	2/21/13	<i>Cherie Carmen B. Divina</i> CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB:	<i>2/21/13</i> Expense Code: <i>774-10 RET. SUPPLIES</i> Budget: <i>P 410.00 SBAC</i> Remarks: <i>Per Procurement Section</i>		
CONFORME:	<i>Jay Kenneth Ramon</i> JAY KENNETH RAMON Signature over Printed Name and Position of authorized representative		Received copy of P.O.: 3-22-13 Date