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JBLIC 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

		- WIRLISTRIAL MARKETING	P.O No.:	04-028-13	
		& INDUSTRIAL MARKETING	Date:	April 12, 2013	
Address	222-d Gen. Kalentong	, Mandaluyong City	Term of Payment:	On Account	_
Tel.Fax No.	725-3203 / 725-9964	/ 726-441 / Telefax No. 725-1771	Mode of Procurement:	Local Shopping	
Supplier Rec	istered with:	PHILHEALTH		-N- 0161 c 2012	_

Office Order No. 0161, s. 2012

from receipt hereof the following 15 working days Please deliver to this office within

	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
NO.	42	pcs	STAPLER, STANDARD, heavy duty	285.00	11,970.00
2	40	pcs	Brand: Max TAPE DISPENSER, heavy duty for 24mm (1) width transparent tape	65.00	2,600.00
					14,570.00
			LESS: EWT 1% 130.09 GMP 5% 650.45		780.5
			RIV# received:		13,789.4
			13-0133 dtd. 02/27/13 PRSMD - Ely E. Roxas		

- 1. 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.
- 2. 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
- 3. 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
- 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 5. 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.
- 6. 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	CRISTINA CHONSALUD AO III-OIC, Procurement Section
Corazion M. Tabulao Fiscal Controller III Within the COB: Expense Code: Expen	CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
CONFORME: 10NMig RELENTE HELTER PRIVER Signature over Printed Name and Position of authorized representative	Received copy of P.O.: 4/19/13 Date