

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 **COMPU CARE CENTER**
Address Suite 204 Quadstar Bldg., 80 Ortigas Ave., Greenhills, San Juan
Tel. Fax No. 722-9783, Fax No. 722-6072
Supplier Registered with: PHILHEALTH

P.O No.: **05-044-13**
Date: May 31, 2013
Term of Payment: On Account
Mode of Procurement: Local Shopping

Office Order No. 0161, s. 2012

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	set	DRUM KIT, For BROTHER Fax Machine Model: MFC-7360	2,868.50	17,211.00
2	6	ca	IMAGING FILM, For PANASONIC Fax Machine, Model: KX-FP-711	948.00	5,688.00
3	1	ca	INK FILM, For PANASONIC Fax Machine KX FL502	1,443.00	1,443.00
					24,342.00
LESS:					
EWT 1% 217.34					217.34
GMP 5% 1,086.70					1,086.70
					1,304.04
					23,037.96
RIV # received: 08-025					
13-0159 dtd. 03/08/13 PRID-PRSM - Ely E. Roxas					

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.
- All original and atleast One (1) Year Expiration. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- 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: <u>Complete</u>	Funds Available in the amount of: <u>Php24,342.00</u>	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	CHERIE CARMEN B. DIVINA Division Chief, PRSM HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FY 2013</u> Expense Code: <u>720-10 / MFC: VAXX</u> Budget: <u>24,342 / PPA: VAXX</u> Remarks: <u>PRID-PS-07 s. 2012</u>		Received copy of P.O.: <u>JUNE 10 2013</u> Date
CONFORME: <u>MARLON G. MAURO</u> TECHNICIAN Signature over Printed Name and Position of authorized representative		