

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

## PURCHASE ORDER

PRID-PS-07

Supplier MAITILINK SYSTEMS, INC.  
Address 1665 Taft Ave. cor. Malvar St., Malate Manila  
Tel.Fax No. 526-2120 to 21, Fax No. 526-6966  
Supplier Registered with: PHILHEALTH

P.O No.: 07-064-13  
Date: July 23, 2013  
Term of Payment: On Account  
Mode of Procurement: Local Shopping

Please deliver to this office within 10 working days Office Order No. 0161, s. 2012  
from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	26	ea	INK CARTRIDGE For HP Deskjet Printer 9300, Model: C6578D, Color	1,350.00	35,100.00
			LESS:		
			EWT 1% 313.39		
			GMP 5% 1,566.96		
					35,100.00
					1,880.35
					33,219.65
			RIV # received: 13-0122 dtd. 02/22/13 PRSMD - 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
- Warranty of three (3) months on hidden defects

Very truly yours,

CRISTINA G. MONSALUD  
AO III-Old, Procurement Section

Certified Budget Available: <u>Php35,100.00</u>	Funds Available in the amount of: <u>Php35,100.00</u>	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III	<u>CHERIE CARMEN B. DIVINA</u> Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>FF 20/13</u>	Expense Code: <u>758-80 / MPA: 41400</u>	
Budget: <u>35,100 - PPA: 41400</u>	Remarks: <u>for PPA 1715, 1208</u>	
CONFORME:		Received copy of P.O.:
<u>MARVIN MANUZO</u> Signature over Printed Name and Position of authorized representative		<u>7-31-13</u> Date