

14/08/2013 01:19 6373158

PROCUREMENT (RM. 1503)

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

PURCHASE ORDER

PRID-PS-07

Supplier 5W0RD AND FLAME TRADING
Address #222 7th St., GHQ 1-C Katuparan, Taguig City
Tel/Fax No. 427-4400 / Telefax No. 427-5373
Supplier Registered with: PHILHEALTH

P.O No.: 08-074-13
Date: August 8, 2013
Term of Payment: On Account
Mode of Procurement: Local Shopping

Please deliver to this office within

5 working days

Office Order No. **0161, s. 2012**
from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	50	can	COMPUTER CLEANER, WPE OUT	64.00	3,200.00
			LESS:		3,200.00
			GMP 5% 142.86		142.86
					3,057.14

RIV # received:
13-0123 did. 02/22/13 PRID-PRMD - By E. Roxas
13-0345 did. 06/11/13 PRID-PRMD - By E. Roxas

08-137

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
- Warranty of three (3) months on hidden defects

Very truly yours,

CRISTINA B. MONSALUD

AO III-DIC, Procurement Section

Certified Budget Available: <u>Complete</u>	Funds Available in the amount of: <u>Php3,200.00</u>	APPROVED:
<u>CORAZON M. TABULAD</u> Fiscal Controller III	<u>LILIA E. GARRIDO 8/14/13</u> Fiscal Controller III	<u>CHERIE CARMEN B. DIVINA</u> Division Chief, PRMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>8/10/13</u>	Expend Code: <u>2820 IMPV VARIO</u>	
Budget: <u>93,200</u>	PPH: <u>VARIOUS</u>	
Remarks: <u>PRD PRMD 1503 - 50 cans</u>		
CONFORME: <u>Carmel Roxas 8/15/13</u>	Received copy of P.O.:	
Signature over Printed Name and Position of authorized representative	Date	