

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

PRID-PS-07

PURCHASE ORDER

Supplier **FSA AIRCONDITIONING**
Address 1978 E. Rodriguez Sr., Ave., Cubao Quezon City
Tel.Fax No. 413-0485 / Fax No. 726-4838
Supplier Registered with: **PHILHEALTH**

P.O No.: **09-086-13**
Date: September 2, 2013
Term of Payment: **C.O.D**
Mode of Procurement: **Local Shopping**

Office Order No. 0161, s. 2012

Please deliver to this office within **C.O.D** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	MECHANIC TOOL SET		
			1 pc VACUUM PUMP	17,000.00	17,000.00
			1 pc QUICK COUPLER (HIGH SIDE, LOW SIDE)	300.00	300.00
2	1	pc	MANIFOLD GAUGE	2,000.00	2,000.00
					19,300.00
LESS:					
EWT 1% 172.32					
GMP 5% 861.61					1,033.93
					18,266.07
RIV # received: 13-0202 dtd. 04/03/13 PRID-GSBMD - Emily D. Briones					09-053

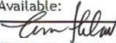
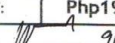


Terms & Conditions:

- 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 G. MONSALUD

AO III-OIC, Procurement Section

Certified Budget Available:	Funds Available in the amount of:	Php19,300.00	APPROVED:
 CORAZON M. TABULAO Fiscal Controller III	 LILIA R. GARRIDO Fiscal Controller III		 CHERIE CARMEN B. DIVINA Division Chief, PRSMD HEAD OF THE AGENCY or Authorized Representative
Within the COB: FT 2013	Expense Code: 334-0 / MPO: GAS	Budget: 19,300.00 / DPA: PAID	
Remarks: PAID PRSMD 17/11/2013			
CONFORME:		Received copy of P.O.:	
 FRANCE T. AUDAL Signature over Printed Name and Position of authorized representative		Sept. 12, 2013 Date	