

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 **CITIPAPER INCORPORATED**  
 Address Room 105 Comfoods Bldg. Sen Gil Puyat Ave. Makati City  
 Tel.Fax No. 812-2445 844-5894  
 Supplier Registered with: PHILHEALTH

P.O No.: **10-114-13**  
 Date: October 1, 2013  
 Term of Payment: On Account ✓  
 Mode of Procurement: Small Value Procurement

**Office Order No. 0161, s. 2012**

Please deliver to this office within **20 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1,077	set	BOX Corrugated, plain, 200 lbs. B Flute, HSC, Self-LOCK, glued joint Size: Body : 14-15/16" x 11-1/4" x 10-3/16" Cover : 16-1/2" x 26-1/8"	29.75	32,040.75
LESS: EWT 1% 286.08 GMP 5% 1,430.39					32,040.75
					1,716.47
					<b>30,324.28</b>
RIV #			<b>110-045</b>		
13-0374 did. 06-19-13 PRID					

**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

Very truly yours,

*[Signature]*  
**ELY E. ROXAS** 10/1/13

Administrative Officer III

Certified Budget Available: <i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III	Funds Available in the amount of: <i>[Signature]</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III	Php32,040.75 10/3/13
Within the COB: <b>FY 2013</b> Expense Code: <b>770-10 INFO CASE</b> Budget: <b>32,040.75 / RPA: PRID</b> Remarks: <b>DEL PERMITALS 2013</b>		

APPROVED:

*[Signature]*  
**CHERIE CARMEN B. DIVINA**  
 Division Chief, PRSMD  
 HEAD OF THE AGENCY  
 or Authorized Representative

CONFORME:

*[Signature]*  
 Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

**10-1-13**  
 Date