

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 **UNICOM OFFICE DESIGNS**
 Address G/F DAC Bldg. San Miguel Ave. Pasig City
 Tel.Fax No. 637-5295 637-5294
 Supplier Registered with: PHILHEALTH

P.O No.: **10-125-13**
 Date: October 30, 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	4	units	CONFERENCE TABLE, FREE STANDING, Laminated Top Finished with steel legs powder coated finished color: SF 4036 Size: 180W x 70D x 74H cm Note: Additional units at Room 1706 (Boardroom)	6,500.00	26,000.00
			LESS: EWT 1% 232.14 GMP 5% 1,160.71		26,000.00 1,392.85 24,607.15
			RIV # 13-0647 dtd. 10/01/13 PRID - Emily Briones	10 - 480	

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
- One (1) year warranty

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <u>2013</u>	Funds Available in the amount of: <u>Php26,000.00</u>
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> 11/1/13 Fiscal Controller III
Within the COB: <u>2013</u> Expense Code: <u>339-00 (Furniture & Fixtures)</u> Budget: <u>P 26,000.</u> Remarks: <u>Charged to PRID (GAS)</u>	

APPROVED:

[Signature]
LEILA S. TUAZON

OIC Head - SBAC
 HEAD OF THE AGENCY
 or Authorized Representative

CONFORME: MARANTE OLIVERA
 Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

11 10 13

Date