REPUBLIC OF THE PHILIPPINES

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

Date

•	4		P	URCHASE	ORE	)FR		-	PRID-PS-07
Supplier	PA	NTHERT	ECH TRADING		. 0112	LIX	P.O No.:	14 4	77 47
Address							Date:		27-13
Tel.Fax No. 889-3775 843-9480 846-1848							of Payment:		er 7, 2013
Supplier	Registere	ed with:	PHILHEALT	Н			ocurement:	The state of the s	count
						riode or riv		Small Value	
Plea	se delive	r to this	office within	5 workin	na day	/s		der No. 0161	
NO.	QTY	UNIT	The state of the s	ITEM DESCR	COLUMN TWO IS NOT THE	William Co., which will be seen as a second	Troni lec	eipt hereof the	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					UNIT	TOTAL AMOUNT
1	2	unit	Lyric Sheet Stand					680.00	1,360.0
				Ē,		:#			
								70	
	l u								
			i ii			*		<u> </u>	1,360.0
									0,000,1
				LESS:	EWT	1%	12.14		:
					GMP	5%	60.71	_	72.8
			RIV						1,287.1.
	3	101	13-0630 dfd. 09/12/13	CorCom	1	4-15	7		
Terms & 0							9 0		
2. If the di it was a 3. Delivery Section during M 1503 Cit 4. Delivery 5. Detective time of 6. Paymen	ate of rec- cknowled y of the at at least to Mon/Wed/ tystate Ct y Receipt a ve, incomp delivery. It shall be ate of Acc	y of the ceipt of the geto have ove item wo (2) day Fri (MWF, r. Bldg, P. and Sales patible or With province a septance a	Invoice shall be required to r non-compliant of goods as rision for a back-up unit in full subject to correspondir and Inspection Report	s.  the dealer is sentative either e prescribed so of elevator shered and acceptor one-time control to specifications of repair.  In government	not ind er throu chedule nall only pted by omplete on whe taxes v	icated, it sha Igh fax or e-n e dates. Supp be from 09; the Procurer delivery of t n quoted sha within fifteen /ery truly yo	Ill be deemed nail lier are advise 00 to 11:30 a. ment Section at the goods. Il be rejected (15) working ours,	received on the d to inform Pro m. and 1:30 to at 15th Floor, R and returned a	curement 3:00 p.m. oom t the
	tin	Julia	Funds Available in the amount of:	// Prip1,	360,00	APP	ROVED:	1 - 1	
	RAZON M			GARRIDO'	4/17		nany	uay/maz	6
	Fiscal Con	troller III	Fiscal	Controller III			LEII.	A.S. TUAZON	(succes
Within the CO	B: 2.0 ]	7)					OIC,	Head - SBAC	vauu j
Expense Code:			fice Eques ment					OF THE AGENCY	· ·
Budget: Kemarks:	Charas	- ola - do	Carcon ( Cour)				or Authoria	zed Representative	
		7							
CONFORME	:	(	The state of the s	STAPF		Rece	eived copy of I	P.O.:	
	Cin	nature of	LUBY MANAG	7/4/			11-21.	-13	

Signature over Printed Name and Position of authorized

representative