

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 **CITY CHAIN TRADING**  
 Address 563 Q. Paredes St., Binondo, Manila  
 Tel.Fax No. 242-5072 244-3480  
 Supplier Registered with: PHILHEALTH

P.O No.: **11-132-13**  
 Date: November 27, 2013  
 Term of Payment: C.O.D  
 Mode of Procurement: Small Value Procurement

Please deliver to this office within

**C.O.D**

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

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	pc	WHITEBOARD, Plain, 6 x 4, with stand and roller, magnetic	5,125.00	5,125.00
2	1	pc	WHITEBOARD, Wall Mounted, 2 x 4 with alluminum frame	875.00	875.00
3	1	pc	WHITEBOARD, 4 x 4, with stand and roller	2,850.00	2,850.00
					8,850.00
LESS: EWT 1% 79.02					
GMP 5% 395.09					474.11
					<b>8,375.89</b>
			RIV #		
			13-0493 dtd. 08/05/13 CAG - Rosario T. Bautista		

**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**

Administrative Officer III

Certified Budget Available	Funds Available in the amount of:	Php8,850.00
<i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III	<i>[Signature]</i> <b>LILIA R. BARRIDO</b> Fiscal Controller III	12/4/13
Within the COB: <u>F-12012</u> Expense Code: <u>7711-10 / MPO - SMO</u> Budget: <u>8,850 / PPA - CAG</u> Remarks: <u>Per PPA POC SMO</u>		

APPROVED:

*[Signature]*  
**LEILA S. TUAZON**  
 OIC Head - SBAC  
 HEAD OF THE AGENCY  
 or Authorized Representative

CONFORME:

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

Received copy of P.O.:

Date