

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 **PHILIPPINE DUPLICATORS INC.**
 Address CCC Bldg. Km 14, West Service Road, Edison Avenue, Brgy. Merville, Parañaque
 Tel.Fax No. 822-2601 to 08 822-0549
 Supplier Registered with: PHILHEALTH

P.O No.: **11-133-13**
 Date: November 27, 2013
 Term of Payment: On Account
 Mode of Procurement: Direct Contracting

Reso No. 096, s, 2013

Please deliver to this office within

7 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	10		TONER BLACK FOR GESTEINER MP, 2000 Le (MP1900/MP2001e)	2,710.40	27,104.00
					27,104.00
			LESS: EWT 1% 242.00		
			GMP 5% 1,210.00		1,473.22
					25,630.78
			RIV		
			13-0460 dtd. 07/25/13 CARES - Sonia C, Burgos		

Terms & Conditions:

1. 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.
2. 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
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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.
6. 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: <i>[Signature]</i>	Funds Available in the amount of: Php27,104.00
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III
Within the COB: <u>2013</u>	
Expense Code: <u>785-10 (IT supplies)</u>	
Budget: <u>27,104 -</u>	
Remarks: <u>change to CARES</u>	

APPROVED:

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

CONFORME:

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

Received copy of P.O. *[Signature]*
 Date 11/27/13