

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: ADVANCE SOLUTIONS, INC.
 Address: PPL San Marcelino, U.N. Paco, Manila
 Tel.Fax No.: 524-7530 526-4116
 Supplier Registered with: PHILHEALTH

P.O No.: 12-138-13
 Date: December 3, 2013
 Term of Payment: On Account
 Mode of Procurement: Repeat Order

Resolution No. 37, s. 2013

Please deliver to this office within **10 working days** from receipt hereof of the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	16	UNITS	APPLE IPAD WITH RETINA DISPLAY, 32 GB + 4G PC TABLETS	30,885.00	494,160.00
			LESS: EWT 1% 4,412.14		
			GMP 5% 22,060.71		26,472.85
					467,687.15
			RIV # 13-0599 dtd. 09/16/13 CorSec - Elizabeth B. Queda	112	050

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.

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <i>[Signature]</i> Php494,160.00
<u>EDITHA O. RAMASTA</u> Fiscal Controller IV <i>[Signature]</i>	<u>WILLIE M. BUMACOD</u> Fiscal Controller IV <i>[Signature]</i>
Within the COB: <u>2013</u>	
Expense Code: <u>236-20 CTR Equipment (ref 2013)</u>	
Budget: <u>494,160.-</u>	
Remarks: <u>Change to CorSec C.GASS)</u>	

APPROVED:

[Signature]

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

CONFORME:

[Signature]
MARIA DUMIGI/LOGISTICS STAFF
Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

12/05/13

Date

done