

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 **TIMES TRADING CO., INC.**
Address **523-525 Quintin Paredes St. Binondo, Manila**
Tel.Fax No. **Tel. 242-5741 to 50 241-2474**
Supplier Registered with: **PHILHEALTH**

P.O No.: **12-142-13**
Date: **December 10, 2013**
Term of Payment: **On Account**
Mode of Procurement: **Negotiated Procurement**

BAC-GS Resolution No. 091,s. 2013

Please deliver to this office within

15 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	45	pcs	Adhesive Tape, Size 1" Double Sided with foam	62.00	2,790.00
2	17	pcs	Adhesive Tape, Size 2" Double Sided with foam	108.00	1,836.00
3	40	pcs	Battery, Alkaline, 9 Volts	132.00	5,280.00
					9,906.00
LESS: EWT 1% 88.45					
GMP 5% 442.23					530.68
					9,375.32
RIV # 12-227					
13-0497 dtd. 08/05/13 3rd Quarter Stock 2013					

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:	Funds Available in the amount of:	Php9,906.00
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	
Within the COB: 7/2013		
Expense Code: 974-10		
Budget: 99,906.00		
Remarks: PAID 12/15/2013		

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.:

12/17/13
Date