

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 **COUNTRY LIFESTYLE HOME DÉCOR**
 Address 9 Osmeña St. SFDM, Quezon City
 Tel.Fax No. 861-0148 352-0526 410-2932
 Supplier Registered with: PHILHEALTH

P.O No.: **12-143-13**
 Date: December 10, 2013
 Term of Payment: C.O.D
 Mode of Procurement: Negotiated Procurement

BAC-GS Resolution No. 091,s. 2013

Please deliver to this office within

C.O.D

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	BROWN GLASS TOP FOR OFFICE TABLE (3 seat) Size: 39-7/16 x 23-5/8x 1/4 35-5/8 x 94-1/2 x 1/4 23-5/8 x 94-1/2 x 1/4	8,800.00	8,800.00
			LESS: EWT 1% 78.57 GMP 5% 392.86		471.43
					8,328.57
			RIV # 13-0596 dtd. 09/16/13 PRID-GSBMD		

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: Php8,800.00
CORAZON M. TABULAO Fiscal Controller III <i>[Signature]</i>	LILIA R. GARRIDO 12/13/13 Fiscal Controller III <i>[Signature]</i>
Within the COB: <u>2013</u> Expense Code: <u>239-00 Furniture & Fixtures</u> Budget: <u>78,800.00</u> Remarks: <u>changed to PRID (GAS)</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.:

12/13/13
 Date