

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 ePARTNERS SOLUTIONS, INC.
 Address Unit 704, OMM Citra Bldg. San Miguel Ave. Ortigas Center San Antonio Pasig
 Tel.Fax No. 720-2956
 Supplier Registered with: PHILHEALTH

Order No. 12-148-13
 Date: December 11, 2013
 Term of Payment: On Account
 Mode of Procurement: Negotiated Procurement

BAC-GS Resolution No. 091,s. 2013

Please deliver to this office within **30 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	UNITS	OPEN SHELF CABINET, 3 layers, 2 swing doors below with lock, mega series, M8036 Size: 31.5 x 15.75 x 72 inches Color: Beech and Black combination	12,000.00	24,000.00
					24,000.00
			LESS: EWT 1% 214.29 GMP 5% 1,071.43		1,285.72
					22,714.28
				12	- 303
			13-0671 dtd. 10/10/13 CorCom Dept.		

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,

Ely E. Roxas
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <u>Complete</u>	Funds Available in the amount of: <u>Php24,000.00</u>
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III
Within the COB: <u>20 D</u>	
Expense Code: <u>299-09 (Furniture & Fixture)</u>	
Budget: <u>\$ 24,000.00</u>	
Remarks: <u>changed to CorCom (STB 1)</u>	

APPROVED:

Leila S. Tuazon
 LEILA S. TUAZON

OIC Head - SBAC
 HEAD OF THE AGENCY
 or Authorized Representative

CONFORME: Josephine Ramos
 Signature over Printed Name and Position of authorized representative

Received copy of P.O.: 12/16/13
 Date