

PRID-PS-07

Supplier	ADVANCE SOLUTIONS INC.		
Address	Cor. San Marcelino St. Paco, Manila		
Tel.Fax No.	526-4093	524-7595	526-4067
Supplier Registered with:	PHILHEALTH		

Order No.	12-150-13
Date:	December 12, 2013
Payment:	On Account
Procurement:	Negotiated Procurement

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

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

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php 9,483.00
<p><i>Amplias</i></p> <p>CORAZON M. TABULAO</p> <p>Fiscal Controller III <i>for</i></p>	<p><i>Lilia R. Garrido</i></p> <p>LILIA R. GARRIDO</p> <p>Fiscal Controller III</p>	
<p>Within the COB: <u>2013</u></p> <p>Expense Code: <u>238-20 (IT Equip ment / software)</u></p> <p>Budget: <u>9,483.00</u></p> <p>Remarks: <u>Changed to Carcon, VP-CAS C 501</u></p>		

APPROVED:

LEILA S. TUAZON

OIC Head - SBAC
HEAD OF THE AGENCY
or Authorized Representative

CONFORME:

ALFRED DE ~~GUZMAN~~ ^{GUZMAN}

Signature over Printed Name and Position of authorized representative

Received copy of P.O.:
12-17-13

Date _____