REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

6flr. Trinidad Bldg, Yacapin-Corrales Sts. Cagavan de Oro City

Telefax # 71-12-06

PURCHASE ORDER

Supplier: PHILCOPY CORPORATION

Address: Cagayan de Oro City

Tel/Fax: 08822-712632 RIV #: FVP-041-09R

Date: September 03, 2013

Supplier Registered with:

P.O.No.

FVP-029-09P

DATE:

September 26, 2013

Terms of Payment:

20-30DAYS

Mode of Procurement:

Exclusive dist.

Please deliver to this office within 15 working days from receipt hereof the following:

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	6	carts carts	Kyocera ink FS 820 (TK110) Kyocera ink TK-410,1620/2020	5,152.00 6,048.00	30,912.00 36,288.00 67,200.00
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Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO. 3.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.
- The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.

Very truly yours,

Chief, Management Services Division

Comprollership Unit Head -Designate

Approved:

DATU MASIDING M. ALONTO, JR. Regional Vice President

Received copy of P.O. on__

RECEIVED

FUND MANAGEMENT SECTION