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	SANFA MFG. L	rd. co.	k Order No.	03-009-14		
Address	951-953 A. Bonif	acio, Balintawak, Quezon City	Date:	March 31, 2014		
Tel.Fax No.	363-0942 43 36	2-2635	Term of Payment:	On Account		
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procurement		
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Supplier Registered with:			PHILHEALTH				M	lode of F	Procurement:	Small Value Procurement	
Plea	se delive	r to this o	office with	in	1.	5 work	ing days		from rec	eipt hereof the	following
NO.	QTY	UNIT	ITEM DESCRIPTION							UNIT PRICE	TOTAL AMOUNT
1	5	unit	steel shee	adjusti t, pow	ble shevles wi	olor light g	ray finish, sw	gauge # 2 ving-out d	20, cold rolled oors, controlled	8,550.00	42,750.00
			by ridinale	COM	ecied to a ba	i locking i	ncenansm				42,750.00
						LESS:	EWT	1%	381.70		0.000.10
							GMP	5%	1,908.48		2,290.18 40,459.82
			RIV # 14-0131 14-0130		03/05/14 03/05/14		it Dept.		5 - 295		·
1. The ag	tor each d	impose pay of the	enalty in a	an amo	ount equivale	nt to 1/1	U on one (1	%) percer	nt of the total v	alue of undelive	
it was 3. Delive Sectio during 1503 (acknowled ry of the a on at least g Mon/Wed Litystate C	dge to hav bove iten two (2) da I/Fri (MWI tr. Bldg. I	ve been re n(s) shall b ays betore ·). All iteπ Pasig City	ceived e mad the de n(s) sha	I by a represe le within the elivery. Use o all be deliver	entative e prescribe It elevator ed and ac	ither through d schedule r shall only cepted by	gh fax or dates. St be from the Proct	e-ma upplier are advi 09:00 to 11:30 urement Section	d received on th sed to inform Pro a.m. and 1:30 to n at 15th Floor, F	ocurement 3:00 p.m.
5. Detect	tive, incon of delivery	npatible o . With pro	r non-com vision tor	pliant a back	e required for of goods as to c-up unit in ca ears in servic	o specific ase ot rep	ation when air.	delivery (quoted s ery truly	shall be rejecte	d and returned a	at the
							• •		Ę	LY E. ROXAS	
Certified Bu	ıdget Availab	ej lan i	Funds Avail	able in 1	the amount of:	Php	42,750.00	A	PPROVED:	ISU ACIVE OTTICEL II	
	CORAZON	M. TABUL	AO		, LILIA F	GARRIE	00			uhar Ma	n 2_

تهرا Fiscal Controller III Fiscal Controller III /LEILA S. TÚAZON OIC Head - SBAC Within the COB: 2014 HEAD OF THE AGENCY Expense Code: 239-W CF arinture & Fift or Authorized Representative ឋបdget: \$ 42,750. OSVP Actually senion of Risk Mgi. While. Remarks: larged to PAR CK Received copy of P.O.: CONFORME: Signature over Printed Name and Position of authorized Date representative