

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 **PRUDENCE MERCHANDISING INC.**
 Address **Prudence Bldg. 1140 Pasong Tamo St. Makati City**
 Tel.Fax No. **897-0195 895-66870 899-5860 897-0077**
 Supplier Registered with: **PHILHEALTH**

Order No. **03-012-14**
 Date: **March 21, 2014**
 Term of Payment: **On Account**
 Mode of Procurement: **Small Value Procurement**

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	PAPER SHREDDER Comix Cross Cut Brand - Heavy Duty, 7-10 sheets per feeding, 4mm insertion width, 220mm strip cut	14,600.00	29,200.00
					29,200.00
			LESS: EWT 1% 260.71 GMP 5% 1,303.57		1,564.28
					27,635.72
			RIV # 14-0132 dtd. 3/5/2014 SHIA 14-0133 dtd. 03/05/14 ACCRE		

03-292

Terms & Conditions:

- 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.
- 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
- 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 3 year warranty on service & 6 months on mechanism

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <u> </u> Funds Available in the amount of: Php29,200.00	CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	APPROVED: LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u> Expense Code: <u>235-10 Office Equipment</u> Budget: <u>229,200</u> Remarks: <u>changed to Accre. SHIA</u>			
CONFORME: <u> </u> Signature over Printed Name and Position of authorized representative			Received copy of P.O.: <u> </u> Date: <u>4-29-14</u>