

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 637-3158 637-4735

PRID-PS-07

**PURCHASE ORDER**

Supplier <b>PHILCOPY CORPORATION</b>	< Order No. <b>04-025-14</b>
Address <b>U2406 24/F Medical Plaza Ortigas, San Miguel Ave. San Antonio, Pasig City</b>	Date: <b>April 24, 2014</b>
Tel.Fax No. <b>687-2084 687-2085</b>	Term of Payment: <b>C.O.D</b>
Supplier Registered with: <b>PHILHEALTH</b>	Mode of Procurement: <b>Direct Contracting</b>

Please deliver to this office within **C.O.D** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	PC	PART REPLACEMENT FOR KYOCERA ECOSYS LASER PRINTER FS-9130DN ASSEMBLY FK-710E	28,179.00	28,179.00
					28,179.00
			LESS: EWT 1% 251.60 GMP 5% 1,257.99		1,509.59
					<b>26,669.41</b>
			04-337		
			RIV # 14-0235 dtd. 03/13/14 ITMD - Janina G. Fondevilla		


**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
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.
6. Warranty: 1 year warranty

Very truly yours,

**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available: <u>2014</u> <b>CORAZON M. TABULAO</b> Fiscal Controller III	Funds Available in the amount of: <u>Php 28,179.00</u> <b>LILIA R. GARRIDO</b> Fiscal Controller III	APPROVED:  <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u> Expense Code: <u>802-20 (R4 M-IT equip)</u> Budget: <u>P 28,179</u> Remarks: <u>change to ITMD</u> <u>Reg 404</u>		
CONFORME: <u>TESSA ADAMONTE</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>5/8/14</u> Date