

PRIORITY

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 **METRO B SCHOOL & OFFICE SUPPLIES**
 Address **470 E.T. Yuchengco St. Brgy. 289 Binondo Manila**
 Tel.Fax No. **242-0184 242-0150**
 Supplier Registered with: **PHILHEALTH**

< Order No. **05-027-14**
 Date: **May 6, 2014**
 Term of Payment: **C.O.D**
 Mode of Procurement: **Small Value Procurement**

Please deliver to this office within

C.O.D

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	PC	VARIOUS RUBBER STAMP		
1	2	PC	OBSOLETE	450.00	900.00
1	2	PC	MASTER DOCUMENT	200.00	400.00
1	2	PC	UNCONTROLLED COPY	200.00	400.00
1	2	PC	CONTROLLED COPY	200.00	400.00
					2,100.00
LESS: EWT 1% 18.75					
GMP 5% 93.75					
					112.50
					1,987.50
RIV # 14-0304 dtd. 04/15/14					

05-055

PRID - *mlms*
 ITMD - *Janing C. Fenderilla*

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
- 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,

[Signature]
ELY E. ROXAS
 Administrative Officer III

Certified Budget Available: <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III		Funds Available in the amount of: Php2,100.00 <i>[Signature]</i> LILIA X. GARRIDO Fiscal Controller III	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2014 Expense Code: 994-10 (Reg. Off. Supplies) Budget: 2,100 Remarks: change to ITMD			
CONFORME: <i>[Signature]</i> JOSE BATHAN Signature over Printed Name and Position of authorized representative			Received copy of P.O.: 5/13/14 Date