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	16/35 MM PRODUCTION SUP	PLY	< Order No.	06-034-14
Address	UG-22 & 23 Star Centrum Bldg. #	317 Sen. Gil Puyat Avenue, Makati City	Date:	June 10, 2014
Tel.Fax No.	893-3849 to 50 893-3848	Teri	m of Payment: `	On Account
Supplier Regi	stered with: PHII	LHEALTH Mode of	Procurement:	Shopping

Please deliver to this office within 15 working days from receipt hereof the following NO. UNIT ITEM DESCRIPTION UNIT TOTAL QTY AMOUNT PRICE 7 17 557.00 ca Ink Cartridge for Epson T40W Printer, Magenta 9,469.00 2 ₂18 557.00 10,026.00 ink Cartridge for Epson T40W Printer, Yellow 19,495.00 LESS: **FWT** 174.06 870.31 GMP 5% 1.044.37 18,450,63 RIV# 14-0376 dtd. 05/20/14 PRSMD - Cristina G. Monsalud

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.

Very truly yours,

ELY E. ROXAS Administrative Officer III Php19,495.00 APPROVED: Certified Budget Available: Funds Available in the amount of: CORAZON M. TABULAO GARRIDO LILIA R Fiscal Controller III Fiscal Controller III **LEILA S. TUAZON** Within the COR: OIC Head - SBAC Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative Remarks: CONFORME: Received copy of P.O.: Frewants Signature over Printed lame and Position of authorized Date representative

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