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	PRI	JDENCE	MERCHANDING	G INC.			P.O No.	06-0	40-14	
Address Prudence Bldg. 1140 Pasong Tamo St. Makati City					i City		Date: June 24, 2014		24, 2014	
Tel.Fax No. 897-0195 899			5-66870 899-5860 897-0077				Term of Payment	: On A	On Account	
Supplier	Registere	ed with:	PHILHEALTH			Mod	ode of Procurement: Small Value		l Value	
Plea	se delive	r to this o	office within 15 working days				from receipt hereof the following			
NO.	QTY	UNIT		ITE	M DESCRIPT	ION		UNIT PRICE	TOTAL AMOUNT	
1	1	UNIT	WHITEBOARD, WALL MOUNTED 4' X 3'					989.00	989.00	
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							06-3	7 0	989.00	
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			RIV #						İ	
<u> </u>			14-0188 dtd.	03/06/14	ITMD	- <u>Janina</u>	o. Fondevilla	<u> </u>	l	
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 										
	-		Invoice shall be r		•					
		-	r non-compliant of vision for a back-u	_	•	·	oted shall be reject	Julius	it the	
						_		ELY E. ROXAS nistrative Officer II	п	
Certified Bur	dget Available	e:	Funds Available in the	amount of:	Php989.	.00	APPROVED:		<u>-</u>	
CORAZON M. TABULAO Fiscal Controller III Fiscal Controller III LEI								mhay Tha 7 Eila S. TUAZON	A S. TUAZON	
Within the Co Expense Cod Budget: Remarks:			mp Cay				HE	DIC Head - SBAC EAD OF THE AGENCY thorized Representative	à	
CONFORM	Œ:						Received copy of	of P.O.:		
Signature over Printed Name and Position of authorized								Date		

Fared 7/N/14 Go Maruic