

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	EPARTNERS SOLUTIONS, INC.	P.O No.	06-041-14
Address	Unit 704, OMM Citra bldg. San Miguel, Ortigas Center Pasig City	Date:	June 24, 2014
Tel.Fax No.	903-6908 720-2956	Term of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Small Value

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	8	PCS	CABLE, UTP SYSTEMAX, SCS CAT 6	10,500.00	84,000.00
2	20	PCS	PATCH CORD, 3 FT	312.00	6,240.00
3	20	PCS	PATCH CORD, 7 FT	323.00	6,460.00
4	7	PCS	FIBER PATCH CORD, Optic	2,134.00	14,938.00
5	250	PCS	RJ45 CONNECTOR	3.50	875.00
					112,513.00
LESS: EWT 1% 1,004.58 ✓					
GMP 5% 5,022.90 ✓					
					6,027.48
					106,485.52
<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">06 - 369</div> <div style="margin-top: 10px;">RIV #</div> <div style="margin-top: 10px;">14-0236 dtd. 03/13/14 ITMD - Janina O. Fondevilla</div>					

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,

[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: Php112,513.00 <i>[Signature]</i> 6/24/14 LILIA R. 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: 785-00 (IT supplies) Budget: 112,513 Remarks: change to ITMD (6/24)		
CONFORME: _____ Signature over Printed Name and Position of authorized representative		Received copy of P.O.: _____ Date

forwarded 6/30