

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 **OTUS COPY SYSTEMS, INC.**
 Address **UD9 David Bldg. 2, 567 Shaw Blvd. Mandaluyong City**
 Tel.Fax No. **726-6205**
 Supplier Registered with: **PHILHEALTH**

P.O No. **07-049-14**
 Date: **July 3, 2014**
 Term of Payment: **On Account**
 Mode of Procurement: **Negotiated Procurement**

Reso. No. 064, s. 2014

Please deliver to this office within **10 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	11	ea	Toner Cartridge for Network Printer Model Phaser 4600	11,550.00	127,050.00
					127,050.00
			LESS: EWT 1% 1,134.38 /		
			GMP 5% 5,671.88 /		6,806.26
					120,243.74
			RIV		
			13-0123 dtd. 02/22/13 PRID - PRSMD (1st Quarter Stock 2013)		

07-050

-CONTI. APPEND

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.

6. additional terms & conditions Annex "A" Very truly yours,

EKY E. ROXAS

Administrative Officer III

Certified Budget Available: Confirmed	Funds Available in the amount of: Php127,050.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA B. GARRIDO Fiscal Controller III	Leila S. Tuazon OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 7/20/14 (CONTI APPEND) Expense Code: 785-00 / NFO: GARS Budget: 127,050 / PPA SBAC Remarks: [Signature]		
CONFORME: CLAIRE BALAGUER LCSO Signature over Printed Name and Position of authorized representative		Received copy of P.O.: July 14, 2014 Date