

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier ADVANCE SOLUTIONS INC.
 Address Cor. San Marcelino St. Paco, Manila
 Tel.Fax No. 526-4093 524-7595 526-4067
 Supplier Registered with: PHILHEALTH

< Order No. 07-050-14
 Date: July 3, 2014
 Term of Payment: On Account
 Mode of Procurement: shopping

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	units	FLASH / THUMB DRIVE, Wireless 32GB	670.00	2,010.00
					2,010.00
			LESS: EWT 1% 17.95		
			GMP 5% 89.73		107.68
					1,902.32
			RIV 14-0409 dtd. 05/29/14 Infosec - Aldwin Sagedao		
				07-064	

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 acknowledged 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:	Funds Available in the amount of:	Php2,010.00
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III		<i>[Signature]</i> 7/15/14 LILIA GARRIDO Fiscal Controller III
Within the COB: <u>2014</u> Expense Code: <u>785-60</u> Budget: <u>2,010.-</u> Remarks: <u>chargeable against Info Sec.</u>		APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: <i>[Signature]</i> ROXAS Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>July 21, 2014</u> Date