

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 I-CONNECT SYSTEMS INTEGRATION INC.  
 Address Unit 304 Reliance IT Center E. Rodriguez Jr. Ave. Brgy. Ugong Pasig  
 Tel.Fax No. 661-3702 to 03  
 Supplier Registered with: PHILHEALTH

< Order No. 07-052-14  
 Date: July 7, 2014  
 Term of Payment: On Account  
 Mode of Procurement: Negotiated Procurement

**BAC Reso. No. 15, s. 2014**

Please deliver to this office within 45 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	WIRELESS NETWORK ENHANCEMENTS Brand/Model : ZONEFLEX 7363 One year Warranty w/ approved Evaluation	469,658.18	469,658.18
			LESS: EWT 1% 4,193.38 GMP 5% 20,966.88		469,658.18 25,160.26 <b>444,497.92</b>
			RIV 14-0355 dtd. 05/08/14 ITMD - Janina G. Fondevilla	<b>07 - 1 1 1</b>	

**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.

Very truly yours,

*[Signature]*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: <i>[Signature]</i> <b>Php 469,658.18</b>	APPROVED:
<b>EDITHA O RAMASTA</b> Fiscal Controller IV	<b>WILLIE M. BUMACOD</b> Fiscal Controller IV <i>Don BAC-15M</i> <i>2014. 10. 15 5. 2014</i>	<i>[Signature]</i> <b>LEILA S. TUASON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>2014</i> Expense Code: <i>238-20 C.F.T. Equipment &amp; software</i> Budget: <i>469,658.18</i> Remarks: <i>changed to ITMD COB (S)</i>		
CONFORME: <i>[Signature]</i> <b>GERARDO O. OPIZ - GM</b> Signature over Printed Name and Position of authorized representative	Received copy of P.O.: <i>7-22-14</i> Date	

7/24

*faxed 7/22 3:05 pm*