

CONFORME:

Mayeand Faloa UQ

Signature over Printed Name and Position of authorized representative



Received copy of P.O.

## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

				PU	IRCHA	SE ORE	DER			
Supplier TRI-M VAULT SPECIALIST								fork Order No.	07-0	61-14
Address	#107	73 V.G. Cr	uz cor. P. Margal, Sampaloc, Manila					Date:		3, 2014
Tel.Fax No. 742-5535, 743			-5731 749-92-97 +49V			<del>}</del>	Term of Payment:		On Account	
Supplier	Registere	ed with:	PHILHEALTH			_	Mode of I	lode of Procurement: Small Value Procurement		Procurement
						_		-		
Please deliver to this office within 45 working							from receipt hereof the following			
NO.	QTY	UNIT		ITEM DESCRIPTION					UNIT PRICE	TOTAL AMOUNT
T T	1	unit	Steel Rack		(9)				8,000.00	8,000.00
	Six (6) adjustable shelves plus one (1) top shelf, botted to slotted 1-1/2 x  1 1/2 inch x 2mm angular posts, all shelves shall be supported with corner plates for stability, shelves shall be gauge #20 with stiffeners welded beneath for inflexibility, anti rust protection.  One (1) year Warranty									8,000.00
					LESS:	EWT	1%	71.43		
						GMP	5%	357.14		428.57
										7,571.43
			RIV 14-0458 dtd.	06/16/14	MMG-F		7 = 3	_		
order fo 2. If the d it was a 3. Delivery Section during I 1503 Ci 4. Delivery 5. Detectiv	ency shall or each da ate of rec acknowled y of the at at least t Mon/Wed/ tystate Ct y Receipt a	impose per y of the delipt of the ge to have pove item wo (2) day 'Fri (MWF) r. Bldg. Pa and Sales patible or	elay as liquidate e Purchase Order e been received (s) shall be made rs before the del a. All item(s) sha asig City Invoice shall be i	ed damages.  r / P.O. by the by a represent within the pr livery. Use of e ll be delivered  required for or of goods as to to	e dealer i tative eit tescribed elevator : I and acc ne-time o	s not indic her throug schedule o shall only t epted by t complete o tion when ir.	ated, it sha h fax or e-r lates. Supp pe from 09: he Procurer	lifer are advised to 00 to 11:30 a.m. a ment Section at 15 the ll be rejected and ours,	eived on the day inform Procure and 1:30 to 3:00 oth Floor, Room	ement ) p.m.
								Administra	tive Officer III	
Within the CO Expense Code: Budget:	PRAZON M Fiscal Con	TABULA troller III	Funds Available in the	LILIA RATES FISCAL CON  FISCAL CON  FINTING S)  CANFO OF	GARRIDO	,000.00	APPI	OIC HE HEAD OF	TUAZON  ad - SBAC THE AGENCY I Representative	<b>3</b> *