

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		VANCE S	OLUTIONS INC.		NCI IAC	, OKDE	r.	<	Ord	er No	. 0	7-0	62-14	
Address Cor. San Marcelino St. Paco, Manila							Date							
	el.Fax No. 526-4093 524-7595 526-4067							Term of Payment:				On Account		
Supplier	Register	ed with:	PHILHEALTH				Mode of Procurement:				Small Value Procurement			
ь.						-								
			ffice within 30 working days from rec							eipt hereof the following				
NO.	QTY	UNIT	ITEM DESCRIPTION								UNIT TO PRICE AM			
1	8	units	HDD, EXTERNAL, PORTABLE, 1TB							3,63	8.00	29,104.00		
			One (1) year Warranty										27,104,00	
İ	1				LESS:	EWT	407	_	50 A	,			29,104.00	
						GMP	1% 5%		59.8 99.2	-			1,559.15	
								-,-				├	27,544.85	
			RI∨									ļ		
			14-0154 dtd.	03/05/14	FFEID						_			
			14-0155 dtd.	03/05/14		ution Dept.	0	7	45	3	<u> </u>	1		
			14-0136 did.	03/05/14 04/01/14	O.P.	ion Dept.	•	u						
 If the dit was a Delivery Section during a 1503 Ci Delivery Defectivery 	late of reconcented of the about the	eipt of the ge to have pove item wo (2) day Fri (MWF) r. Bldg. Pa and Sales i patible or	lelay as liquidate e Purchase Order e been received (s) shall be made ys before the del). All item(s) sha asig City Invoice shall be non-compliant consision for a back-	r / P.O. by the by a represent within the p livery. Use of all be delivered required for o of goods as to	tative eiti rescribed elevator s d and acci ne-time c specifical	ner through schedule da shall only be epted by the omplete del	tax or e tes. Sup trom 09 Procure	mailplier :00 temen	are to 11 it Se	advis :30 a ction	ed to inform .m. and 1:3 at 15th Floo	n Proc 0 to 3 or, Ro	urement :00 p.m. om	
										YE. ROXAS				
Certified Budg	get Available:		Funds Available in the	amount of:	Php29	,104.00	APF	PROV	_	aminis	trative Offic	er III		
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CORAZON M. TABULAO LILIA R GARRIDO							gaulay huz							
Fiscal Controller III Fiscal Controller III								g ow	way w	2	2			
Within the COB: 2014								OIC Head - SBAC						
xpense Code. iudget: emarks:		HEAD OF THE AGENCY or Authorized Representative												
ONFORME		- -		-			Por	eiver	-	y of l				
				mi ber/						y or i				
	Sign	a <mark>ture o</mark> ve	r Printed Name		of authoriz	zed				Da	ite		-	
			represent	tative										