

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 <b>EPARTNERS SOLUTIONS, INC.</b>	P.O No. <b>07-063-14</b>
Address <b>Unit 704, OMM Citra bldg. San Miguel, Ortigas Center Pasig City</b>	Date: <b>July 23, 2014</b>
Tel.Fax No. <b>903-6908 720-2956</b>	Term of Payment: <b>On Account</b>
Supplier Registered with: <b>PHILHEALTH</b>	Mode of Procurement: <b>Small Value Procurement</b>

Please deliver to this office within			<b>15 working days</b>	from receipt hereof the following	
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	5	units	HDD, EXTERNAL, PORTABLE, 2TB One (1) year Warranty	5,688.00	28,440.00
					28,440.00
			LESS: EWT 1% 253.93 GMP 5% 1,269.64		1,523.57
					26,916.43
			RIV # 14-0151 dtd. 03/05/14 Corplan 14-0152 dtd. 03/05/14 Office of the Actuary 14-0153 dtd. 03/05/14 Task Force Audit	<b>07 - 330</b>	

**Terms & Conditions:**

1. 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.
2. 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
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the
5. 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> <b>CORAZON M. TABULAO</b> Fiscal Controller III	Funds Available in the amount of: <b>Php28,440.00</b> <i>[Signature]</i> <b>LILIA P. GARRIDO</b> Fiscal Controller III	APPROVED: <i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>2014</b> Expense Code: <b>228-20 CIT Equip mnt/inf-elec</b> Budget: <b>928,440.00</b> Remarks: <b>changed from 228-20 CIT Equip mnt/inf-elec to 228-20 CIT Equip mnt/inf-elec</b>		Received copy of P.O.: <b>7/31/14</b> Date
CONFORME: <i>[Signature]</i> <b>UPARDO A. NISLOS</b> Signature over Printed Name and Position of authorized representative		