REPÚBLIC OF THE PHILIPPINES // Philippine Health Insurance Corporation

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

PURCHASE ORDER 1

Supplier	TREADSAFE	CORPORATION	P.O No.	08-069-14
Address	296 Boni Serrano Ave., Quezon City		Date:	August 8, 2014
Tel.Fax No.	910-3891		Term of Payment:	On Account
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procurement

Please deliver to this office within C.O.D. from receipt hereof the following NO. QTY UNIT ITEM DESCRIPTION UNIT TOTAL PRICE AMOUNT Parts Replacement for Toyota Innova SLF-991 1 4 pcs Spark Plua 99.00 396.00 2 ì pc. Fuel filter 3,056.00 3,056.00 3 1 pc. Air Cleaner 1,173.00 1,173.00 1 pc. D-Belt 4,400.00 4,400.00 9.025.00 LESS: EWT 1% 80.58 GMP 5% 402.90 483.48 8,541.52 08-134 RIV# 14-0443 dtd. 06/10/14 PRID - Emily D. Briones

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,

ELY-E. ROXAS

			Administrative Officer III
Certified Budget Available:	Funds Available in the amount of:	Php9,025.00	APPROVED:
Cornfolmy CORAZON M. TABUL Fiscal Controller II	i isca coi	GARRIDO TALY	hauhay Menz
Within the COB: 700 / Expense Code: 700 / Remarks:	MAD: GARS PARS PLUD	OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative	
CONFORME: Signature of	ver Printed Name and Position of representative	of authorized	Received copy of P.O.: Date