REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

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

PURCHASE ORDER

Supplier	CITIPAPER II	NCORPORATED	P.O No.	08-070-14		
Address Suite 272 Comfoods Bldg. Gil Puyat Ave. Makati			Date:	August 8, 2014		
Tel.Fax No.	812-2445 844-	5894	Term of Payment:	On Account		
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procurement		

Please deliver to this office within			20	20 working days		from	from receipt hereof the following				
NO.	QTY	UNIT	ITEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT				
1	15	pc.	Imaging Film fo	or Panasonic	: Fax Mad	chine, Mo	del: KX	(-FP711/KX-		1,025.00	15,375.00
					LESS:	EWT	1%	137.28			15,375.00
						GMP	5%	686.38			823.66 14,551.34
			RIV # 14-0424 dtd.	06/03/14	PRID - !	st Quarter	Stock	08-	4	40	

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:	Php15,375.00	APPROVED:
CORAZON M. TABUL Fiscal Controller I Within the CO8: Expense Code: 774-0 Budget: 915 375	LAO LILIAR. Fisoal Cor	GARRIDO htroller III	LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: TSignature of	over Printed Name and Position of representative	of authorized	Received copy of P. b.: Date