

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 NEWBURG COMMERCIAL, INC.  
 Address 224 Del Monte Ave., Quezon City  
 Tel.Fax No. 711-0574 711-0588  
 Supplier Registered with: PHILHEALTH

P.O No. 08-075-14  
 Date: August 19, 2014  
 Term of Payment: C.O.D.  
 Mode of Procurement: Small Value Procurement

Please deliver to this office within **C.O.D.** from receipt hereof of the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	35	pcs	CONTACT CLEANER, 10Z/283G, Spray Pow-R-Wash PR ES1605	580.50	20,317.50
			LESS: EWT 1% 181.41		20,317.50
			GMP 5% 907.03		1,088.44
					19,229.06
			RIV #	<b>08-303</b>	
			14-0580 dtd. 07/24/14 ITMD - Dennis Lloyd A. Lee		

**Terms & Conditions:**

- 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.
- 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
- 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
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the
- 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:	Funds Available in the amount of:	Php20,317.50	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u>	Expense Code: <u>785-00 / GASS</u>	Budget: <u>20,317.50</u>	Remarks: <u>change to ITMD</u>
CONFORME:			Received copy of P.O.:
<i>[Signature]</i> RAMEL MEVIA Signature over Printed Name and Position of authorized representative			<u>09/09/14</u> Date