

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 **GAKKEN PHILIPPINES, INC.**  
 Address **130 GPI Bldg., Aurora Blvd. cor. A. Lake St., San Juan**  
 Tel.Fax No. **725-9373, 748-8334**  
 Supplier Registered with: **PHILHEALTH**

P.O No. **08-076-14**  
 Date: **August 20, 2014**  
 Term of Payment: **On Account**  
 Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **15 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	UNITS	PROJECTOR SCREEN, PORTABLE, TRIPOD, PULL DOWN (84" X 84")	4,500.00	18,000.00
					18,000.00
			LESS: EWT 1% 160.71		
			GMP 5% 803.57		964.28
					17,035.72
			RIV #		
			14-0162 dtd. 03-05-14 OSDO - Normita Uy		
			14-0283 dtd. 04-01-14 BDRD - Michael Dizon		
			14-0161 dtd. 03-05-14 CORSEC - Elizabeth Queda		
			14-0160 dtd. 03-05-14 PROSEC - Merien Dela Torre		

**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:	Php18,000.00	APPROVED:
<i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III		<i>[Signature]</i> <b>LILIA F. GARRIDO</b> Fiscal Controller III	<i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u> Expense Code: <u>238-10 (Office Equipment)</u> Budget: <u>816,000.00</u> Remarks: <u>changed to OSDO Proc. Center (BMS) BDRD CMFO OI</u>			
CONFORME:		Received copy of P.O.:	
Signature over Printed Name and Position of authorized representative		Date	

Approved 9/1  
 Faxed 9/1 c/o Grace