REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporación

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier	CITIPAPER I	NCORPORATED	P.O No.	09-079-14	
Address	Suite 272 Comf	oods Bldg. Gil Puyat Ave. Makati City	Date:	September 1, 2014	
Tel.Fax No.	812-2445 844	-5894	Term of Payment:	On Account	
Supplier Reg	istered with: PHILHEALTH		Mode of Procurement:	local chopping www	

25 working days Please deliver to this office within from receipt hereof the following NO. UNIT ITEM DESCRIPTION QTY UNIT TOTAL **PRICE** AMOUNT BOX, CORRUGATED, Plain, 200 lbs., B-Flute, HSC, Self-lock, Glued ì 3,232 sets 28,25 91,304.00 Size: Body: 14-15/16" x 11-1/4" x 10-3/16" Cover: 16-1/2" x 26-1/8" 91,304.00 LESS: EWT 1% 815.21 **GMP** 4,076.07 4,891.28 86,412.72 RIV# 14-0699 dtd. 08/20/14 PRID - 3rd Quarter Stock

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

Very truly yours,

- 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.

ELY E. ROXAS Administrative Officer III Certiffed Budget Available: Php91,304.00 Funds Available in the amount of: APPROVED: CORAZON M. TABULAO GARRIDO Fiscal Controller III Fiscal Controller III Within the COB OIC Head - SBAC Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative Remarks: CONFORME: Received copy of P.O.: Signature over Printed Name and Position of authorized Date representative

REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corpor

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

		• '		THE MILE			
Supplier	MAITILINK SYS	TEMS, INC.		P.O No.	09-080-14		
Address	Unit 401 Unilad C	ndo, General Malval, Malate Manila		Jnilad Condo, General Malval, Malate Manila		Date:	September 1, 2014
Tel.Fax No.	526-2120 to 21 52	6-6966		Term of Payment:	On Account		
Supplier Reg	Supplier Registered with:			Mode of Procurement:	Small Value Procurement		
Please	deliver to this offic	e within	15 working o	days from rece	eipt hereof the following		

4

NO.	QTY	UNIT	ITEM DESCRIPTION					UNIT PRICE	TOTAL AMOUNT		
l	10	units	FLASH/THUMB DRIVE, 8.0 GB Capacity Brand: Kingston					320.00	3,200.00		
											3,200.00
				,	LESS:	EWT GMP	1% 5%	28.57 142.86			171.43 3,028.57
		ga '	RIV # 14-0218 dtd. 14-02 57 did. 14-0201 dtd.	03/10/14 03/18/14 03/07/14	OP - M	y - Melar la. Neresa or Visayas	C. Rego		rma		3,020.37

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 tax or e-mail
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Very truly yours,

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ELY E. ROXAS Administrative Officer III Certified Budget Available: Funds Available in the amount of: Php3,200.00 APPROVED: Cemfela CORAZON M. TABULAO , GARRIDO Fiscal Controller III Within the COB: 2014 OIC Head - SBAC Expense Code: 785-00 HEAD OF THE AGENCY Budget: or Authorized Representative 3, 200 -CHARGE TO MEASURY / GASS CONFORME: Received copy of P.O.: Signature over Printed Name and Position of authorized Date representative

Fared 9/8/14