

REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 637-3158 637-4735

**PURCHASE ORDER**

Supplier **OTUS COPY SYSTEMS, INC.** Work Order No. **09-087-14**  
 Address **UD 9 David II Bldg. 567 Shaw Blvd, Wack Wack, Mandaluyong** Date: **September 9, 2014**  
 Tel.Fax No. **893-3849 to 50 893-3848** Term of Payment: **On Account**  
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Local Shopping**

Please deliver to this office within **30 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	23	ca	Toner Cartridge for Fuji Xerox Phaser Network Printer 4600	11,550.00	265,650.00
					265,650.00
			LESS: EWT 1% 2,371.88		14,231.26
			GMP 5% 11,859.38		251,418.74
			RIV #		
			14-0374 dtd. 05/10/14 PRID - 1st Quarter Stock		

**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:	Php265,650.00	APPROVED:
<i>[Signature]</i> EDITHA O RAMASTA Fiscal Controller IV	<i>[Signature]</i> WILLIE M. BUMACOD Fiscal Controller IV		<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>By 10/10</i>	Expense Code: <i>785-00 / 0000</i>	09-222	
Budget: <i>P 265,650 / 0000</i>	Remarks: <i>[Signature]</i>		
CONFORME:			Received copy of P.O.:
<i>[Signature]</i> <b>ROSE SHIRLEY L. CALIMBO</b> Signature over Printed Name and Position of authorized representative			<i>9-16-2014</i> Date