

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	EPARTNERS SOLUTIONS, INC.	Work Order No.	09-088-14
Address	Unit 704, OMM Citra bldg. San Miguel, Ortigas Center Pasig City	Date:	September 9, 2014
Tel./Fax No.	903-6908 720-2956 725-3203	Term of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	units	FACSIMILE MACHINE,  Printing/Scanning/Copying/Faxing up to 24ppm (A4), 24ppm (letter), 16mb, 600x600dpi, HQ1200 (2400x600 dpi) quality  Brand / Model : BROTHER MFC-7360  One (1) year warranty	13,855.00	83,130.00
					83,130.00
			LESS: EWT 1% 742.23 GMP 5% 3,711.16		4,453.39
					78,676.61
			Note: See Attached Distribution of RIV's		

**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: <i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III	Funds Available in the amount of: Php83,130.00 <i>[Signature]</i> 9/14/14 <b>LILIA R. GARRIDO</b> Fiscal Controller III	APPROVED:  <i>[Signature]</i> <b>LEILA S. TUASON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 20M Expense Code: 28-30 Comm Equipments Budget: P 83,130. Remarks: changed to SBAC, HMO, CAB, PRIO CGASS SVP-HMOs, SVP-MPOOI		<b>09 - 223</b>
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: 9/16/14 Date

Approved  
 faxed  
 9/14