

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	ATLAS SUPER	FLAGS	Work Order No.	09-091-14	
Address	1009 Rizal Ave. Sta Cruz, Manila		Date:	September 15, 2014	
Tel.Fax No. 711-7856 711-5906			Term of Payment:	C.O.D	
Supplier Reg	istered with:	PHILHEALTH	Mode of Procurement:	Local Shopping	
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Please deliver to this office within C.O.D from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	FLAG STAND, 8 FT. TALL, wooden pole with arrow head and box stand	2,450.00	4,900.00
					4,900.00
			LESS: EWT 1% 43.75 GMP 5% 218.75		262.50 4,637.50
			Note: 14-0755 dtd. 08/27/14 CorMar - Melody Ann r. Viterbo		

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
- 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.

Very truly yours, ELY E. ROXAS Administrative Officer III Certified Budget Available: Funds Available in the amount of: Php4,900.00 APPROVED: CORAZON M. TABULAO GARRIDO Fiscal Controller III Fiscal Controller III LEILA S. TUAZON Within the COB: OIC Head - SBAC Expense Code: HEAD OF THE AGENCY or Authorized Representative Remarks: CONFORME: Received copy Will Signature over Printed Name and Position of authorized representative