

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 **BOC'S TRADING** Work Order No. **09-094-14**
 Address **523-525 Q. Paredes St., Binondo, Manila** Date: **September 23, 2014**
 Tel.Fax No. **241-2978** Term of Payment: **C.O.D.**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **C.O.D.** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	28	PCS	INK FOR STAMP PAD with applicator, violet, 50ml	15.50	434.00
2	16	PCS	STAMP PAD FELT, 70mm X 100mm, metal case	25.00	400.00
					834.00
LESS: EWT 1% 7.45					44.68
GMP 5% 37.23					789.32
Note: 14-0723 did. 08/26/14 3rd Quarter Stock PRID					

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:	Php834.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA X. GARRIDO Fiscal Controller III	09 - 451	<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: fy 2014	Expense Code: 931-10 / 100000	Budget: # 834 - / 100000	Remarks: <i>[Signature]</i>
CONFORME:			Received copy of P.O.:
Signature over Printed Name and Position of authorized representative			<i>[Signature]</i> 10/2/14 Date