

## Philippine Health Insurance Corporation

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

				PURCHAS	SE OF	RDER				
Supplier NEWBURG COMMERCIAL, INC.						Purchase Order No.		09-100-14		
Address	Address 224 Del Monte Ave., Quezon City					Date:	. Sept it 2014 c.ō.d.			
Tel.Fax No. 711-0574 711-0588					_	Teri			m of Payment:	
Supplier Registered with: PHILHEALTH					_	Mode of	Procurement:	ment: 5 mail value froc.e		
Please	delive	r to this c	office within	c.0	D.D.		from recei	ipt hereof the	following	
NO.	QTY	UNIT		ITEM DES	CRIPTI	ON		UNIT PRICE	TOTAL AMOUNT	
	2	units	Gun Tacker for UT Arrow T25  OR # 1					. 2,076.00	4.152.00	
			J. 43. 18	LESS:	EWT	1%	37.07	ĺ	4,152,00	

**GMP** 

ITMD - Calixto L. Gabuya, Jr.

## 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.

08/12/14

- 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

RIV #

14-0653 dtd.

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

185.36

222.43 3,929.57

			Administrative Officer in
Certified Budget Available:	Funds Available in the amount of:	Php4,152.00	APPROVED:
CORAZON M. TAB Fiscal Controlle  Within the COB: Expense Code: Budget: Remarks: Clanged	ULAO LILIA R.	GARRIDO ntroller III	LEILA S. TUAZON  OIC Head - SBAC  HEAD OF THE AGENCY  or Authorized Representative
CONFORME:  JON Signature	A A . PRECONCIUD  e over Printed Name and Position of representative	of authorized	Received copy of P.O.: