REPUBLIC OF THE PHILIPPIN

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier	WE I KO-B SCHOO	DE E OFFICE SUPPLI	E2	Purchase Order No.	07-104-14		
Address	470 E.T. Yuchengo	St. Brgy. 289 Binondo M	anila	Date:	September 29, 2014		
Tel.Fax No.	242-0184 242-0150			Term of Payment:	C.O.D		
Supplier Reg	istered with:	PHILHEALTH		Mode of Procurement:	Local Shopping		
Please o	leliver to this office	within	C.O.D		t hereof the following		

NO.	QTY	UNIT	ITEM DESCRIPTION						UNIT PRICE	TOTAL AMOUNT
1	1	unit	WHITEBOARD,	WALL TYPE (4	" X 8")	_			3,095.00	3,095.00
		•			LESS:	SWT	1%	27,63		3,095.00
					LESS.	ewt Gmp	5%	138,17		165.80 2,929,20
			Note: 14-0700 dtd.	08/20/14	OVP-H	FPS				

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.

ELY E. ROXAS Administrative Officer III Php3,095.00 Certified Budget Available: Funds Available in the amount of: APPROVED: CORAZON M. TABULAO LILIA R. GARRIDO تسری Fiscal Controller III Fiscal Controller III LEILA S. TUAZON Within the COB: 4 > 09 - 573OIC Head - SBAC Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative CONFORME: Received copy of P. Signature over Printed Name and Position of authorized representative

Very truly yours,

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	ORDE	R					
Supplier		ANY COM		09-103-14						
Address			Center Bldg. Quintin Paredes St. Binond	lo, Manila		Date:	<u>-</u>	r 26, 2014		
Tel.Fax I		2373				n of Payment:	On Ac			
Supplier	Registere	ed with:	PHILHEALTH	- IV	lode of	Procurement:	<u>sm</u> a	lf vadue p		
Please deliver to this office within			office within 30 work	ings		from rece	eipt hereof the following			
NO.	QTY	UNIT		ITEM DESCRIPTION						
1	3	units	TELEVISION SET, LED TV, 42" unit with DVD Player and TV Rack 42,245.00 124 Brand/Model: LG42LB5510							
2	7	units	REFRIGARATOR, 6.0 Cubic Et; semi-au Brand/Model: SRS18 B SBP	REFRIGARATOR, 6.0 Cubic Et. semi-automatic, single 11,400.00 79,800. Brand/Model; SRS18 B 6BP						
			One (1) year warranty				İ	206,535.00		
			LESS:	EWT GMP	1% 5%	1,844.06 9,220.31		11,064.37 1 95,470.63		
			Note: Please see attached distribution List							
 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,										
<u> </u>		-					trative Officer III			
Within the Ci Expense Cod Budget: Remarks:	OB: 201 e: 204 Change Con	ARAMASTA Introller IV If I DO INTERPORTED TO COFF	WILLIEM, BUMACOD Friscal Controller IV			LEIL, OIC HEAD or Author	A S. TUAZON Head - SBAC OF THE AGENCY ized Representative			
CONFORM	Æ:	•	hydlibcilla 10-		Re	eceived copy of I)- H-H			

Date

Signature over Printed Name and Position of authorized

representative

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	AVI	D SALES	CORPORATIO	N N			Purch	ase Order No.	09-10	05-14
Address		Sony Serv	ice Center Bldg.	1172 Balintav	wak, Edsa,	Quezon C	•	Date:	Septembe	r 29, 2014
Tel.Fax No. 931-2254 Term of Payme							On Ac	count		
Supplier Registered with: PHILHEALTH Mode of Procurement:						Procurement:	sma	el raene		
Plea	se delive	r to this o	office within 45 working days from rece					eipt hereof the following		
NO.	QTY	UNIT	ITEM DESCRIPTION						UNIT PRICE	TOTAL AMOUNT
1.	i	unit	MICROPHONE Brand: SHURE- WATTERTY:	VX24E/PG5					11,300.00	11,300.00
					LESS:	EWT GMP	1% 5%	100.89 504.46	-	605.35 10,694.65
			Note: 14-0119 dtd.	03/05/14	Corplar	<u>1</u>				·
order for the dit was a 3. Delivery Section during # 1503 Cir 4. Delivery 5. Detective	or each da ate of rec acknowled y of the al at least t Mon/Wed tystate Ct y Receipt ye, incom	ay of the contempt of the lege to have been item two (2) day /Fri (MWF) and Sales patible or	enalty in an amoudelay as liquidate e Purchase Order e been received to shall be made ys before the delight. All item(s) shall asig City Invoice shall be ron-compliant orision for a back-resident as back-resident of a back	d damages. 7 P.O. by the content of	e dealer is stative eith prescribed elevator s d and acce one-time c specificat	s not indic ner throug schedule c hall only t epted by the omplete d	ated, it si h fax or e lates. Sup be from 09 he Procur- elivery of	nall be deemed i -mail optier are advised 0:00 to 11:30 a.r ement Section a the	received on the d to inform Prod n. and 1:30 to 3 t 15th Floor, Ro	day curemen t 3:00 p.m. om
						Vei	ry truly y	ELY	_,	
Certified Budg	zet Available	:	Funds Available in the	amount of	Php11	,300.00	ΛD	Administ PROVED:	rative Officer III	
CO Within the CO Expense Code Budget:	PRAZON M Fiscal Con	TABULA atroller III		LILIA F.	GARRIDO Ontroller III	<u> </u>	AP	LEILA OIC H	S. TUAZON Head - SBAC OF THE AGENCY red Representative	en ż
Remarks: CONFORME	Charge	d to	Corpian &	TOVO			Rec	ceived copy of P	.0.7	
	Sig	nature ov	er Printed Name	and Position	of authori	zed			<i>1967</i> - te'	<u> </u>

representative