

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 METRO-B SCHOOL & OFFICE SUPPLIES Purchase Order No. 09-104-14  
 Address 470 E.T. Yuchengco St. Brgy. 289 Binondo Manila Date: September 29, 2014  
 Tel.Fax No. 242-0184 242-0150 Term of Payment: C.O.D  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Local Shopping

Please deliver to this office within C.O.D from receipt 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
					3,095.00
			LESS: EWT 1% 27.63		
			GMP 5% 138.17		165.80
					<b>2,929.20</b>
			Note: 14-0700 dtd. 08/20/14 OVP-HFPS		

**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:	Php3,095.00	APPROVED:
<i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III		<i>[Signature]</i> <b>LILIA B. GARRIDO</b> Fiscal Controller III	<b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u> Expense Code: <u>228-10 (Office Equipment)</u> Budget: <u># 3,095.00</u> Remarks: <u>changed to OVRP - HFPS</u>			
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative			Received copy of P.O.: <i>[Signature]</i> Date: <u>10/2/14</u>

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**PURCHASE ORDER**

Supplier LITANY COMMERCIAL Purchase Order No. 09-103-14  
 Address 321 Downtown Center Bldg. Quintin Paredes St. Binondo, Manila Date: September 26, 2014  
 Tel.Fax No. 949-2373 Term of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: small value purchase

Please deliver to this office within 30 workings from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	units	TELEVISION SET, LED TV, 42" unit with DVD Player and TV Rack Brand/Model: LG42LB5510	42,245.00	126,735.00
2	7	units	REFRIGARATOR, 6.0 Cubic Ft, semi-automatic, single Brand/Model: SRS186BP One (1) year warranty	11,400.00	79,800.00
					206,535.00
			LESS: EWT 1% 1,844.06 GMP 5% 9,220.31		11,064.37
					<b>195,470.63</b>
			Note: Please see attached distribution List		

**Terms & Conditions:**

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- 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
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- 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:	Php206,535.00	APPROVED:
<i>[Signature]</i> EDITHA O. RAMASTA Fiscal Controller IV	<i>[Signature]</i> WILLIE M. BUMACOD Fiscal Controller IV		<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014 &amp; 2013 apas.</u> Expense Code: <u>238-10 Office Equipment</u> Budget: <u>7206,335.</u> Remarks: <u>changed to various office COB's</u> <u>OFF. OIC - HERE CHARGED</u>		09 - 562	
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>10-17-14</u> Date	

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**PURCHASE ORDER**

Supplier AVID SALES CORPORATION Purchase Order No. 09-105-14  
 Address 2/F Sony Service Center Bldg. 1172 Balintawak, Edsa, Quezon City Date: September 29, 2014  
 Tel.Fax No. 931-2254 Term of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: small value

Please deliver to this office within 45 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	MICROPHONE (WIRELESS) Brand: SHURE - VX24E/PG58 warranty: 1 year	11,300.00	11,300.00
					11,300.00
			LESS: EWT 1% 100.89 GMP 5% 504.46		605.35
					<b>10,694.65</b>
			Note: 14-0119 did. 03/05/14 Corplan		

**Terms & Conditions:**

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Very truly yours,

*[Signature]*  
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php11,300.00	APPROVED:
<i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III		<i>[Signature]</i> <b>LILIA R. GARRIDO</b> Fiscal Controller III	<i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u> Expense Code: <u>228-10. Office Equipment</u> Budget: <u>911,300.00</u> Remarks: <u>changed to complete goods</u>			
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative			Received copy of P.O. <u>10/3/14</u> Date