

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 LITANY COMMERCIAL Purchase Order No. 10-108-14  
Address 321 Downtown Center Bldg. Quintin Paredes St. Binondo, Manila Date: October 13, 2014  
Tel.Fax No. 949-2373 Term of Payment: On Account  
Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	UNIT	AIRCON, WINDOW TYPE, 1.0 HP, COOLING CAPACITY W/O TIMER, SUPPLY AND INSTALLATION, MATERIALS & LABOR Brand: KOPPEL - KWR09RB4 Note: One (1) year warranty	17,375.00	17,375.00
					17,375.00
			LESS: EWT 1% 155.13 ✓ GMP 5% 775.67 ✓		930.80 ✓
					<b>16,444.20</b> ✓
			Note: 14-0459 dtd. 06/16/14 PRSMD - Emily D. Briones		

**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 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]*  
EKY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php17,375.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2014</u>	Expense Code: <u>298-10 Office Equipment</u>	Budget: <u>P 17,375.00</u>	Remarks: <u>changed to PRIO (date) 0 - 209</u>
CONFORME:			Received copy of P.O.:
Signature over Printed Name and Position of authorized representative			Date

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 <b>LILIA R. GARRIDO</b> Fiscal Controller III			
Within the COB: <u>2014</u> Expense Code: <u>288-10 C. Office Equipment</u> Budget: <u>717,375.00</u> Remarks: <u>Changed to PRIO C. Office Equipment</u>			
CONFIRME:  Signature over Printed Name and Position of authorized representative <b>CED/marketing manager</b> <u>10/2/14</u> <u>1:30 PM</u>			