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 COM	MERCIAL	Purchase Order No.	10-108-14	
Address	321 Downtown	Center Bldg. Quintin Paredes St. Binondo, Mar	nila 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. OTY UNIT ITEM DESCRIPTION UNIT **TOTAL** PRICE **AMOUNT** AIRCON, WINDOW TYPE, 1.0 HP, COOLING CAPACITY W/O TIMER, UNIT 1 17,375.00 17,375.00 SUPPLY AND INSTALLATION, MATERIALS & LABOR Brand: KOPPEL - KWR09RB4 Note: One (1) year warranty 17,375,00 1ESS-155.13 **FWT** 1% **GMP** 5% 775.67 / 930.80 16,444.20 Note: 14-0459 dtd. 06/16/14 PRSMD - Emily D. Briones

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.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, i. 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.

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Funds Available in the amount of:	Php17,375.00	APPROVED:		
ULAO LILIA X. r III Jus Fiscal Co caffia Equipment)	ntroller III	LEILA S. TUAZON OIC Head SBAC HEAD OF THE AGENCY or Authorized Representative		
		Received copy of P.O.:		
e over Printed Name and Position representative	of authorized	Date		
	Edua Lilia R. Fiscal Co Coffice Equipment A PRID Codess Cover Printed Name and Position	LILIA F. GARRIDO Fiscal Controller III Coffice Equipment A PRID Cosses 0 - 209 e over Printed Name and Position of authorized		

CONFORME:

Signature over Printed Nume and Position of ay

representative

REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation
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Shaw Bivd, Brgy, Oranbo, Pasig City
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Pleas	e delive	r to this o	office withIn	30 workir	ng days	····	_ from rece	ipt hereof the t	following
NO.	QTY	UNIT	r	TEM DESCR	LIPTION			UNIT PRICE	TOTAL AMOUNT
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i	•		14-0459 dld. 06/16/14	4 PRSMD	- Emily D.	Briones	•		
order to it was a d. Delivery Section during 1503 Ci d. Deliver i, Defecti	or each d ate of re acknowle y of the s at least Mon/Wed itystate C y Redeipt ve, incor	ay of the ceipt of the dage to he above iter two (2) of iter (MW tr. Blog. I and Sale applied to the published to the ceipt of the ceip	perially in an amount equival dolay as liquidated domages he Purchase Order / P.O. by we been received by a rapres n(s) shall be made within the ays before the delivery. Use P). All Item(s) shall be delivery as involce shall be required to in non-compliant of goods as evision for a back-up unit in	the dealer is sentative eit or prescribed of elevator stred and sector on or time to specificate to specificate.	is not indiciner through schedule (shall only (option by the complete compl	ated, I. In fex or e detes. Sup be from Of the Procur	-mail option are advis occur to 11:30 a oment Section on the all be rejected	ed to inform Pro .m. and 1:30 to at 15th Ploor, R	curement 3:00 p.m. oom
								strative Officer II	
Cerciflad Gud	iget Avoltab		Funds Available in the emount of:	Phpi	7,375.00	AP	PROVED:		
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Received copy of P.O.:

Date