

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.	10-116-14
Address	321 Downtown Center Bldg. Quintin Paredes St. Binondo, Manila	Date:	October 17, 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 **15 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	UNIT	DRILL, HANDHELD ELECTRIC		4,560.00
2	2	UNITS	EMERGENCY LIGHT, RECHARGEABLE	750.00	1,500.00
					6,060.00
			LESS: EWT 1% 54.11		
			GMP 5% 270.54		
					324.65
					5,735.35
			14-0717 dtd. 08/20/14 PRID		

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]
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php6,060.00	APPROVED:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III </div> <div style="text-align: center;"> <i>[Signature]</i> LILIA G. GARRIDO Fiscal Controller III </div> </div>			<i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
<div style="display: flex; justify-content: space-between;"> <div> Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i> </div> <div style="font-size: 2em; font-weight: bold;">10-294</div> </div>			
CONFORME: _____ Signature over Printed Name and Position of authorized representative			Received copy of P.O.: _____ Date

Faxed 10/29 c/o Sarah