



### 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	_ <u> </u>	KEND2 AF	D TECHNOLOGIES, INCORPPORATED			Purchase Order No	nase Order No.	. 11-120-1 <del>4</del>		
Address 6/F Trafalgar Plaza, 105 H.V. Dela Costa St., Tel.Fax No. 811-1111, 894-3994			za, 105 H.V. Dela Costa St., Salcedo Village, Makati				Date:	November 5, 2014		
				Term of Payment			On Account			
Supplier	Registe	ered with:	PHILI	ILHEALTH		Mode of Procurement		Small Value Procurement		
Plea	se deli	ver to this	office within	45 worki	ng days	<u> </u>	from rece	ipt hereof the	following	
NO.	QTY	דואט		ITEM DESC	RIPTION			UNIT PRICE	TOTAL AMOUNT	
1	14	sets	Headset (with c	able and micror	ohone)			4,659.90	65,238.60	
			1, ,	ics Supraplus Wide ics HIS Adapter Co		•	IW261N)		65,238.60	
				LESS:	EWT GMP	1% 5%	582.49 2,912.44		3,494.93	
		1	1						41 743 A7	

Corporate Affairs Group

#### 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, i. it was acknowledge to have been received by a representative either through tax or e-mail

06/29/14

14-0411 dtd.

- 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
Certified Budget Available: Funds Available in the amount of: Php65,238.60	APPROVED;
CORAZON M. TABULAO  Fiscal Controller III  CORAZON M. TABULAO  Fiscal Controller III  CORAZON M. TABULAO  CORAZON M. TABULAO  Fiscal Controller III	LEILAS. TUAZON
Within the COB:  Expense Code:  TY-W PACS  Budget:  Remarks:	OIC Head - SBAC  HEAD OF THE AGENCY  or Authorized Representative
CONFORME:  Signature over Printed Name and Position of authorized representative	Received copy of P.O.:  TOP IN PETULET NO  Date

Faxed 11/11/14 0/0 showing 814-0130

CHAMSS



# REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 709 CityState Conter Bldg

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

#### **PURCHASE ORDER**

Supplier	LITANY COMME	RCIAL	Purchase Order No.	11-121-1 <del>4</del>
Address	321 Downtown Ce	nter Bldg. Quintin Paredes St. Binondo, Manila	Date:	November 5, 2014
Tel.Fax No.	949-2373		Term of Payment:	On Account
Supplier Registered with:		PHILHEALTH MO	ode of Procurement:	Small Value Procurement
		" -	•	

Please deliver to this office within 15 working days from receipt hereof the following NO. OTY UNIT ITEM DESCRIPTION HINTT TOTAL PRICE AMOUNT Camera, Compact, Digital 16 / Megapixel UNIT 5.206.00 (Canon IXUS 145) 2 UNITS Camera, SLR Kit (with Iens), at least 16MP 30,850.00 (Nikon D5100 with 18-55mm) DLSR Camera (body) 3 UNIT 67,200.00 (Nikon D610 DSLR Camera) UNITS 4 3 Battery (for Nikon D610) 3,360.00 10,080,00 5 1 UNIT Camera Lens 42,560.00 (for Nikon D610 DSLR Camera - 28-300mm) 155,896,00 LESS: EWT 1% 1,391.93 8,351.57 **GMP** 5% 6,959.64 147,544,43 14-0746 dtd. 08/27/14 Non Formal Sector 14-0741 dtd. 08/27/14 Cormar 09/25/14 14-0816 dtd. Corcomm

#### 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, it. 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
Certified Budget Available:	Funds Available in the amount of:	Php155,896.00	APPROVED:
CORAZON M. TABULA Fiscal Controller III  Within the COB: Expense Code: Budget: Remarks:  VAN  VAN  VAN  VAN  VAN  VAN  VAN  VA	Fiscal Co	- 0 8 9	LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME:	1 Apagen C	M PO 0 ()-	Received copy of P.O.
Signature o	rer Printed Name and Position of representative	of authorized	

## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporal 709 CityState Center Bldg.

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

#### **PURCHASE ORDER**

Supplier	AVID SALES	CORPORATION	Purchase Order No.	11-122-14		
Address	2/F Sony Servic	e Center Bldg. 1172 Balint	awak, Edsa, Quezon City	Date:	November 6, 2014	
Tel.Fax No.	931-2254			Term of Payment:	On Account	
Supplier Registered with:		PHILHEALTH	Mo	de of Procurement:	Small Value Procuremen	
Dience e	lalivar to this of	fice within	45 working days	from roco	int haraof the following	

Plea	Please deliver to this office within		office within	45 working days			from rec	from receipt hereof the following		
NO.	QTY	UNIT						PRICE AMOUN	TOTAL AMOUNT	
1	2	UNITS							28,300.00	
			Note: One (1) year war	ranty						
									28,300.00	
				LESS:	EWT GMP	1% 5%	252.68 1,263.39		1,516.07	
			RIV # 14-0120 dtd. 03/	05/14 SHIA					26,783.93	

#### 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 . 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 !

representative

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.

EEY E. ROXAS Administrative Officer III Php28,300.00 APPROVED: Certified Budget Available: Funds Available in the amount of: GARRIDO 11/19/14 CORAZON M. TABULAO Fiscal Controller III **LEILA S. TUAZON** Within the COB: OIC Head - SBAC Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative CONFORME: Received copy of P.O Signature over Printed Name and Position of authorized

Very truly yours,

Faxed 11/13 el longra
961.3344