

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 TREADSAFE CORPORATION Purchase Order No. 11-123-14
 Address 296 Brgy. West Crame Santolan Rd. Cor. 4th West Crame, San Juan Date: November 11, 2014
 Tel.Fax No. 348-8886 410-3891 Term of Payment: C.O.D
 Supplier Registered with: PHILHEALTH Mode of Procurement: Small Value Procurement

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	PC	TIRE, Size, 205 x 65 x 15 for Toyota Innova/Crosswind (Goodyear Assurance Triplemax)	4,208.52	4,208.52
2	3	PCS	BATTERY 2SMF (Motolite Gold)	5,046.24	15,138.72
3	3	PCS	BATTERY 3SMF (Motolite Gold)	5,970.66	17,911.98
4	16	PCS	TIRE, Size : 185 R14C (Goodyear Cargo)	4,312.68	69,002.88
					106,262.10
LESS: EWT 1% 948.77					
GMP 5% 4,743.84					5,692.61
					100,569.49
			RIV #		
			14-0825 dtd. 09/26/14 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:	Php106,262.10	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>7/20/14</u>	Expense Code: <u>774-10 / 6885</u>	Budget: <u>106,262.10</u>	Remarks: <u>11-250</u>
CONFORME:			Received copy of P.O.:
<i>[Signature]</i> Kathleen Gil Signature over Printed Name and Position of authorized representative			<u>11/25/14</u> Date