

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 **OTUS COPY SYSTEMS, INC.** Purchase Order No. **11-130-14**
 Address **UD 9 David II Bldg. 567 Shaw Blvd, Wack Wack, Mandaluyong** Date: **November 14, 2014**
 Tel.Fax No. **723-0685 725-7013** 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	3	ea	Drum Kit for Fuji Xerox Phaser 4600 Network Printer	11,685.00	35,055.00
			Note: At least 2013 - 2014 manufacturing date		
			LESS: EWT 1% 312.99 ✓ GMP 5% 1,564.96 ✓		35,055.00 1,877.95 33,177.05
			RIV # 14-0969 did. 10/21/14 PRID - 4th Quarter Stock 2014		

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: <i>[Signature]</i>	Funds Available in the amount of: Php35,055.00	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	
Within the COB: BY 2014	Expense Code: 781-00 / GAC	<div style="text-align: center; font-size: 2em; font-weight: bold;">11-299</div>
Budget: \$ 35,055 - COMPLETE	Remarks: <i>[Signature]</i>	
CONFORME: Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date

faxed 11/20 c/o Mr. Teng

723 - 8726