

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 CENTER POINT SALES & TRADING, INC. Purchase Order No. 11-135-14  
 Address # 313 Laversares St. cor. Camba St. Binondo, Manila Date: November 24, 2014  
 Tel.Fax No. 242-4245 Term of Payment: On Account  
 Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

Please deliver to this office within 20 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	168	pcs	ENVELOPE, Expanding, plastic with rubber strap, for legal size paper/docs, assorted colors	55.00	9,240.00
					9,240.00
			LESS: EWT 1% 82.50		495.00
			GMP 5% 412.50		8,745.00
			RIV #		
			14-0962 did. 10/20/14 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:	Funds Available in the amount of:	Php9,240.00	APPROVED:  <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		
Within the COB: <u>7/2014</u>	Expense Code: <u>734-10 / 40001</u>	Budget: <u>P 9,240 - 00001</u>	Received copy of P.O.: <u>Dec. 5, 2014</u> Date
Remarks: <i>[Signature]</i>	<u>11-467</u>		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative			

*Faxed 12/5 c/o Jure*