

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 RUSTAN SUPERCENTERS, INC. Purchase Order No. 11-136-14  
 Address Shangrila Plaza, Edsa cor. Shaw Blvd. Mandaluyong City Date: November 24, 2014  
 Tel.Fax No. 633-4426 666-3132 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	31	basket	GROCERY BASKET (Royal Holiday)	3,995.00	123,845.00
2	13	basket	GROCERY BASKET (Bountiful Tidings)	2,750.00	35,750.00
3	8	basket	GROCERY BASKET (Yuletide Favorites)	1,475.00	11,800.00
					171,395.00
LESS: EWT 1% 1,530.31					9,181.87
GMP 5% 7,651.56					162,213.13
RIV # 14-1040 dtd. 11/12/14 Office of the Chairperson of PhilHealth Board					

**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:	Php171,395.00	APPROVED:  <i>[Signature]</i> LEILA S. TUASON OIC Head - <i>[Signature]</i> HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III		LILIA R. GARRIDO Fiscal Controller III	
Within the COB:	CY 2014		Received copy of P.O.: _____ Date
Expense Code:	767-00		
Budget:	P171,395.00		
Remarks:	Chargeable to OCPB		
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative			

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**Philippine Health Insurance Corporation**  
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**PURCHASE ORDER**

Supplier **RUSTAN SUPERCENTERS, INC.** Purchase Order No. **11-137-14**  
 Address **Katipunan Branch, 333 Katipunan Ave. Loyola Hts., Quezon City** Date: **November 27, 2014**  
 Tel.Fax No. **928-3101 928-3119** 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	20	basket	Royal Holiday	3,995.00	79,900.00
2	20	basket	Bountiful Tidings	2,750.00	55,000.00
3	25	basket	The Perfect Christmas Crate	2,195.00	54,875.00
4	100	basket	Simple Joys	825.00	82,500.00
5	100	pc.	Magnolia Gold Edam Chesseball 500mg	368.00	36,800.00
6	100	box	Holiday Gold Traditions (Lindor Novelty 216g)	592.00	59,200.00
7	30	pc.	Marca Pato (Edam Cheeseball, small)	561.00	16,830.00
8	25	box	Wildpepermint Vintage Floral	549.00	13,725.00
					398,830.00
LESS: EWT 1% 3,560.98					
GMP 5% 17,804.91					21,365.89
					<b>377,464.11</b>
RIV # 14-1075 dtd. 11/21/14 Office of the President & CEO					

**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
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Very truly yours,

*[Signature]*  
**ELY E. ROXAS**

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php398,830.00	APPROVED:
<b>EDITHA O. RAMASTA</b> Fiscal Controller IV		<b>WILLIE M. BUMACOD</b> Fiscal Controller IV	<i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <b>7/1/2014</b> Expense Code: <b>767-00/GASS</b> Budget: <b>398,830</b> Remarks: <b>11-530</b>			
CONFORME: Signature over Printed Name and Position of authorized representative			Received copy of P.O. <i>[Signature]</i> Date <b>11/28/14</b>