

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PRIORITY

PURCHASE ORDER

Supplier **RUSTAN SUPERCENTERS, INC.** Purchase Order No. **12-139-14**
 Address **Space 101 & 103 UGF Gateway Mall, Araneta Center, Cubao, Q.C** Date: **December 9, 2014**
 Tel.Fax No. **912-0686 912-0598** 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	100	basket	FLAVOR OF FRANCE	995.00	99,500.00
2	100	basket	MRS SANTA'S SPECIAL	1,550.00	155,000.00
3	70	basket	FROM THE DUTCHES PANTRY	1,995.00	139,650.00
4	43	basket	CHRISTMAS DELIVERY	2,195.00	94,385.00
					488,535.00
LESS: EWT 1% 4,361.92					26,171.52
GMP 5% 21,809.60					462,363.48
					12 - 159
RIV #					
14-1112 dtd. 12/02/14			OIC-VP, CAG		

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]
E.Y. ROXAS
 Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php488,535.00
<i>[Signature]</i> EDITHA O RAMASTA Fiscal Controller IV	<i>[Signature]</i> WILLIE M. BUMACOD Fiscal Controller IV	APPROVED: <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <i>[Signature]</i> 12/10/14	Expense Code: 767-00 / 6A55	
Budget: <i>[Signature]</i> 158,1535	CORRESPONDENCE	
Remarks:		

CONFORME:	Received copy of P.O.:
Signature over Printed Name and Position of authorized representative	Date