

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 16/35 MM PRODUCTION SUPPLY Purchase Order No.: 12-141-14
 Address UG-22 & 23 Star Centrum Bldg. # 317 Sen. Gil Puyat Avenue, Makati City Date: December 11, 2014
 Tel.Fax No. 893-3849 to 50 893-3848 Term of Payment: On Account
 Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

Please deliver to this office within 45 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	45	ca	Ink Cartridge for Brother Fax Machine, MFC-685/3360, CW LC57, Black	937.00	42,165.00
2	47	ca	Ink Cartridge for Brother Fax Machine, MFC-685/3360, CW LC57, Cyan	558.00	26,226.00
3	45	ca	Ink Cartridge for Brother Fax Machine, MFC-685/3360, CW LC57, Magenta	558.00	25,110.00
4	44	ca	Ink Cartridge for Brother Fax Machine, MFC-685/3360, CW LC57, Yellow	558.00	24,552.00
Note: Minimum of (1) year expiration date from the date of delivery					118,053.00
LESS: EWT 1% 1,054.04					
GMP 5% 5,270.22					6,324.26
					111,728.74
RIV # 14-0967 dtd. 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:	Funds Available in the amount of:	Php118,053.00	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>FY 2014</u>	Expense Code: <u>77410 / various</u>	Budget: <u>118,053 - office</u>	
Remarks: <i>[Signature]</i>		12-272	
CONFORME:		Received copy of P.O.:	
Signature over Printed Name and Position of authorized representative		Date	

Faxed 1/5/15 o/o M4-May

10:20 AM