

Philippine Health Insurance Corporation
709 CityState Center Bldg
Shaw Blvd. Brgy. Oraino, Pasig City
Teletax No. 637-3158 637-4735

PURCHASE ORDER

Supplier **TIMES TRADING CO., INC** Purchase Order No. **12-148-14**
Address **425 325 Quinteros Paredes St. Binondo, Manila** Date **December 16, 2014**
Tel/Fax No. **Tel. 242-5761 to 50 241-2474** Term of Payment **C.O.D**
Supplier Registered with **PHILHEALTH** Mode of Procurement **Shopping**

Please deliver to this office within

C.O.D

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
16	1000	Boxes	Blades, for smd cutter (L-200) (1000s/box)	7.50	7500.00
130	20	Rolls	Adhesive, Size 2" double sided with tape	80.00	1600.00
			Alto Tiger		
			SP014 Polav		
					14,877.85

Terms & Conditions

- The agency shall impose penalty in an amount equivalent to 1/100 or 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 acknowledged 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 1501 CityState Ctr. Bldg. Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery at the
- Defective, incompatible or non-compliant of goods as to specification when defect shall be rejected and returned at the time of delivery with provision for a back-up unit in case of repair.

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of	Php15,720.00	APPROVED
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA B. GARRIDO Fiscal Controller III	12-457	<i>[Signature]</i> LEILA S. TABAZON JIC Head - SBAC HEAD OF THE AGENCY Authorized Representative
Within the COB	Expense Code	10000000	
Subject	Project	10000000	
Remarks			

CONFIRM:

Signature over Printed Name and Position of authorized

[Signature]
LEILA S. TABAZON

Received by *[Signature]* 1/13/15

RECEIVED BY THE AGENCY
Authorized Representative