

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 HAMCO STATIONERY CORPORATION	Purchase Order No. 12-150-14
Address 480 Nueva Street, Binondo Manila	Date: December 17, 2014
Tel.Fax No. 244-6622 241-0026	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
1	20	reams	Paper Bond, Sub-20, Short	110.00	2,200.00
2	107	roll	Tape, Adhesive, Size 1" double sided without foam	20.00	2,140.00
					4,340.00
LESS: EWT 1% 38.75					
GMP 5% 193.75					232.50
					4,107.50
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>RIV #</div> <div>14-0424 dtd. 05/21/14 PRID - 1st Quarter Stock 2014</div> </div> <div style="display: flex; justify-content: space-between;"> <div>14-0786 dtd. 05/15/14 PRID - 3rd Quarter Stock 2014</div> </div>					

Terms & Conditions:

1. 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.
2. 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
3. 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
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the
5. 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:	Php4,340.00	APPROVED: <div style="text-align: center; margin-top: 20px;"> <i>[Signature]</i> LEILA S. TUAZON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative </div>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III </div> <div style="text-align: center;"> <i>[Signature]</i> LILIA A. GARRIDO Fiscal Controller III </div> </div>		12 - 459	
Within the COB: <u>FY 2014</u> Expense Code: <u>774-10 / Unm</u> Budget: <u>4,340 - OFFICE</u> Remarks: <u>[Signature]</u>			
CONFORME: <div style="text-align: center; margin-top: 20px;"> <i>[Signature]</i> Nonette Ching Signature over Printed Name and Position of authorized representative </div>		Received copy of P.O.: <div style="text-align: center; margin-top: 20px;"> _____ Date </div>	