

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 NEWBURG COMMERCIAL, INC.	Purchase Order No. 12-153-14
Address 224 Del Monte Ave., Quezon City	Date: December 18, 2014
Tel.Fax No. 711-0574 711-0588	Term of Payment: C.O.D
Supplier Registered with: PHILHEALTH	Mode of Procurement: Small Value

Please deliver to this office within **C.O.D** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	UNITS	LADDER Heavy Duty, Fiber Glass, A-type, 2 fold Brand: Louisville 300 lbs, H/D	5,300.00	10,600.00
					10,600.00
			LESS: EWT 1% 94.64		567.85
			GMP 5% 473.21		10,032.15
			RIV # 14-0651 dtd. 08/12/14 PRID 14-0459 dtd. 06/16/14 PRID		

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: Php10,600.00	APPROVED: _____ <div style="text-align: center;"> <i>[Signature]</i> LEILA S. TUASON OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative </div>
CORAZON M. TABULAO Fiscal Controller III <i>[Signature]</i>	LILIA R. GARRIDO Fiscal Controller III <i>[Signature]</i>
Within the COB: 2014 Expense Code: 238-10 coffee Equip mfg 12-514 Budget: 710,600.- Remarks: changed to PRID (GAS)	Received copy of P.O.: 1/8/15 Date
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative	