

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 <b>SEE MANUFACTURING</b>	Purchase Order No. <b>12-154-14</b>
Address <b>140 Aurora Blvd., San Juan City</b>	Date: <b>December 18, 2014</b>
Tel.Fax No. <b>744-3151</b>	Term of Payment: <b>On Account</b>
Supplier Registered with: <b>PHILHEALTH</b>	Mode of Procurement: <b>Local Shopping</b>

Please deliver to this office within **30 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	LATERAL CABINET- 2 Drawers made of gauge No. 20 cold rolled steel sheet, powder coated color light gray finish heavy duty bearing and rollers for smooth drawer operations, single lock system secures all drawers with one key, built in drawer interlock systems prevents more than one drawer from opening at a time with handle Minimum Dimension: (30" H x 36" W x 18" D)	7,388.00	14,776.00
2	1	unit	LATERAL CABINET - 4 Drawers made of gauge No. 20 cold rolled steel sheet, powder coated color light gray finish heavy duty bearing and rollers for smooth drawer operations, single lock system secures all drawers with one key, built in drawer interlock systems prevents more than one drawer from opening at a time with handle Minimum Dimension: (52" H x 36" W x 18" D)	12,188.00	12,188.00
3	2	units	FILING CABINET - 2 Drawers made of gauge No. 20 cold rolled steel sheet, powder coated color light gray finish heavy duty bearing and rollers for smooth drawer operations, single lock system secures all drawers with one key, built in drawer interlock systems prevents more than one drawer from opening at a time with handle Minimum Dimension: (30" H x 18" W x 28" D)	5,800.00	11,600.00
4	6	units	FILING CABINET - 3 Drawers made of gauge No. 20 cold rolled steel sheet, powder coated color light gray finish heavy duty bearing and rollers for smooth drawer operations, single lock system secures all drawers with one key, built in drawer interlock systems prevents more than one drawer from opening at a time with handle Minimum Dimension: (40" H x 18" W x 28" D) Note: 1 year warranty	6,288.00	37,728.00
					76,292.00
LESS: EWT 1% 681.18					
GMP 5% 3,405.89					4,087.07
					<b>72,204.93</b>
RIV #					
14-1115 dtd. 12/03/14 PRID					
14-1007 dtd. 11/14/14 PRID					
14-1096 dtd. 11/28/14 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:	Php76,292.00	APPROVED:
<i>[Signature]</i> <b>CORAZON M. TABULAO</b> Fiscal Controller III	<i>[Signature]</i> <b>LILIA E. GARRIDO</b> Fiscal Controller III	<i>[Signature]</i> <b>LEILA S. TUAZON</b> OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative	
Within the COB: <u>2014</u> Expense Code: <u>239-00 Currents &amp; Expenses</u> Budget: <u>P 76,292.00</u> Remarks: <u>changed to VP-COG-PRID. Pending EC GASS</u> <u>Forwarded with: HPPS (CAIP 001)</u>			
CONFORME: _____ Signature over Printed Name and Position of authorized representative			Received copy of P.O.: _____ Date

*Forwarded 1/13/15 2:00 pm*  
*cl. Mr. E/19*