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	RONEENA INC.		Purchase Order No.:	02-012-15 February 13, 2015	
Address	No. 88 11th Ave., Grace	Park, Caloocan City	Date:		
Tel.Fax No.	366-4068, 366-4069	_	Term of Payment:	C.O.D.	
Supplier Re <mark>g</mark>	istered with:	PHILHEALTH	Mode of Procurement:	Shopping	
Please o	leliver to this office within	C.O	.D. from receir	nt hereof the following	

NO.	QTY	UNIT	ITEM DESCRIPTION					UNIT PRICE	TOTAL AMOUNT		
1	18	pcs.	Glass Plaque for PRAISE Awards 2015					1,200.00	21,600.00		
	ļ		Specifications:								
			Size: 10.30" x 7" x 10.55mm Thick								
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1											
	i										
		ŀ									21,600.00
			İ			LESS:	EWT	1%	192,86		
	Ī						GMP	5%	964.29		1,157.15
											20,442.85
		1									
	ļ		ŖIV #								
			15-0059	dtd.	01/28/15	HRD-Pro	aise				

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, i. it was acknowledge to have been received by a representative either through tax 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,

RLY E. ROXAS

Administrative Officer III

Certified Budget Available: Funds Available in the amount of: Php21,600.00 APPROVED:

Certified Budget Availa	ible: Fui	nds Available in the amount of:	Pnp21,600.00	APPROVED;
CORAZON	offlui M. TABULAO Controller III		GARRIDO ontroller III	CHERIE CARMEN B. DIVINA
Within the COB: Expense Code: Budget: Remarks:	CY 2015 868-02 *21,600:-			OIC, HE 6 - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME:	n Qu Signature over	Printed Name and Position representative	n of authorized	Received copy of P.O.: 2 - 20 - 15 Date