

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 FLEETSERV INC. Purchase Order No.: 02-015-15
 Address 2/F Chrisayson., No. 6 12th Ave., Brgy. Socorro, Cubao, Q.C. Date: February 17, 2015
 Tel.Fax No. 209-7836, 437-6404 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	1	set	Front Brake Pad	2,000.00	2,000.00
2	1	set	Rear Brake Wheel Master Kit (Wheel Cap)	163.24	163.24
			For: 2012 Toyota innova G 2.5 Diesel		
					2,163.24
			LESS: EWT 1% 19.31		
			GMP 5% 96.57		115.88
					2,047.36
			RIV #		
			15-0123 dtd. 02/04/15 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: <i>[Signature]</i>	Funds Available in the amount of: <u>Php2,163.24</u>	APPROVED: <i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	
Within the COB: <u>FY 2015</u> Expense Code: <u>847-00 / SO-36</u> Budget: <u>2,163.24 PRID</u> Remarks: <i>[Signature]</i>		Received copy of P.O.: <u>02/24/15</u> Date
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		