REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

UACE ODDED

PRID-PS-07

PURCHASE ORDER

| Supplier | Supplier GAKKEN (PHILIPPINES), INC. | | | | | Purchas | se Order No.: | 02-017-15 February 24, 2015 | | |
|--|--|---|--|---|--|--|---|---|---|--|
| | | | urora Boulevard corner. A. Lake St. San Juan City | | | | Date: | | | |
| Tel.Fax No. 748-8334 726 | | | | | | Term of Payment: | | On Account | | |
| Supplier Registered with: | | | PHILHEALTH | | | Mode of Procurement: | | Direct Contracting | | |
| Piea: | se delivet | to this o | ffice within | 0 <u>worki</u> | ing days | | from rece | eipt hereof the | e following | |
| NO. QTY UNIT | | | ITEM DESCRIPTION | | | | | UNIT PRICE | TOTAL AMOUNT | |
| 1 | 47 | cart | Ink for Duplo Machine S-850 (D | 1,418.00 | 66,646.00 | | | | | |
| 2 | 12 | roll | Master Roll for Duplo Machine DR-675 (Duplo Master DR675) | | | | | 3,677.00 | 44,124.00 | |
| 3 | 12 | roll | Master Roll for Duplo Machine | 4,523.00 | 54,276.00 | | | | | |
| | | | | | | | | | 165,046.00 | |
| | | | | LESS: | EWT GMP | 1% 5% | 1,473.63 7,368.13 | | 8,841.76 | |
| | | | | | GMF | مر | 7,300.13 | - | 156,204.24 | |
| | C | | , | | | | , . | | | |
| | 17.) (| | RIV # | | | | , | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| . | | | 15-0221 dtd. 02/16/15 | PRID-GS | SBMD Emily I | D. Brione | s . | , | . 1.2 | |
| order to 2. If the d it was a 3. Deliver Section during 1503 C 4. Deliver 5. Defection | or each da date of rec acknowled y of the a n at least f Mon/Wed itystate C y Receipt ive, incom | y of the c leipt of th lge to have hove item wo (2) da /Fri (MWF tr. Bldg, P and Sales patible or | enalty in an amount equivaler felay as liquidated damages. e Purchase Order / P.O. by the been received by a represer (s) shall be made within the pays before the delivery. Use of). All item(s) shall be delivered asig City. Invoice shall be required for non-compliant of goods as to | ne dealer intative eit orescribed r elevator ed and acc one-time o specifica | is not indica ther through I schedule d shall only b cepted by the complete d ation when | ated, it s n fax or lates. Su ne from t he Procu | shall be deemed e-mail applier are adviso 09:00 to 11:30 a arement Section of the goods. | received on the ed to inform Prome, m. and 1:30 to at 15th Floor, in a 1:30 to a 1:30 | e day ocurement o 3:00 p.m. Room | |
| time of | delivery. | With prov | vision for a back-up unit in ca | se от гера | | ry truly | yours, | Acres / | | |
| 1 | | | | | | ELY E. ROXAS | | | | |
| POH DO- | 017-15 | | | | | | Adminis | trative Officer I | 11 | |
| Certified Bud | dget Availabl | | Funds Available in the amount of: | Php1 | 65,046.00 | | APPROVED: | | | |
| | CON | TABLIL | NO LILIA E | GARRID | 0 | | | \bigcirc | | |
| CORAZON M. TABULAO LILIA K. GARRIDO Fiscal Controller III Fiscal Controller III | | | | | | | | -6 | 15 m 3 Fu | |
| i isott controller in | | | | | | | CHERIE CARMEN, B. DIVINA | | | |
| Within the COB: CY W/S | | | | | | | OIC, HEAD SBAC | | | |
| Expense Cod | ie: — 72 | ry-10 (| 5042-14 | | | | | OF THE AGENCY rized Representativ | | |
| Budget: Kemarks: | <u> </u> | 046.00 | | | | | O Addio | rized Representativ | | |
| CONFORM | (E:1) 511. | on T | Am SKBNIND | · | | | Received copy of | P.O.; | | |
| La di | | | M" KMB" | | | | | | | |
| | | dno*: re- | ver Printed Name and Position | n of autho | rized - | - | 2-2 | ate | | |

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