

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	AVID SALES CORPORATION	Purchase Order No.:	02-019-15
Address	2/F Sony Service Center Bldg. 1172 Balintawak, Edsa, Quezon City	Date:	February 27, 2015
Tel.Fax No.	961-2306 local 200, 961-3364	Term of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Small Value Procurement

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

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	4	sets	MICROPHONE, Wireless Brand / Model : SHURE SVX24E/PG58 Note: One (1) year warranty	12,340.00	49,360.00
					49,360.00
			LESS: EWT 1% 440.71 ✓ GMP 5% 2,203.57 ✓		2,644.28 ✓
					46,715.72 ✓
			RIV # 15-0187 dtd. 02/13/15 Cormar (2 units) ✓ 15-0188 dtd. 02/13/15 ITMD (2 units) ✓		

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, it was acknowledge to have been received by a representative either through fax 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,

[Signature]
 ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php49,360.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III		<i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC, HEAD / SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2015</u>			
Expense Code: <u>238-10 (Office Equipment)</u>			
Budget: <u>49,360.00</u> Remarks: <u>Charged to Cormar ITMD CGMD</u>			
CONFORME:			
Signature over Printed Name and Position of authorized representative		Received copy of P.O.: Date	

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

Continued Budget Available	Funds available for the payment of	Pnp 49,360.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAC Fiscal Controller III		LILIA R. GARRIDO Fiscal Controller II	<i>[Signature]</i> CHERIE CARMEN B. DIVINA O.C. TREAD, SDS. HEAD OF THE AGENCY Unauthorized Representative
With the year 2015	2015		
Supplies Code	28-0 (Coffee Equipment)		
Amount	\$ 49,360.-		
Noted by	charged to Comma ETMO CGMD		
COUNTER:	<i>[Signature]</i> Date Over Printed Name and Position of authorized representative	Received copy of P.O.	Date