

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 <u>ELITE MACHINES, INC.</u>	Purchase Order No.: <u>02-022-15</u>
Address <u>1465 Golden Bldg., E. Rodriguez Sr. Ave., Quezon City</u>	Date: <u>February 27, 2015</u>
Tel.Fax No. <u>722-8888, 411-8811, 722-4896</u>	Term of Payment: <u>On Account</u>
Supplier Registered with: <u>PHILHEALTH</u>	Mode of Procurement: <u>Small Value Procurement</u>

Please deliver to this office within 45 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	units	Paper Shredder, Standard Intimus/2000SC  Note: 1 year Warranty	15,950.00	47,850.00
					47,850.00
			LESS: EWT 1% 427.23 GMP 5% 2,136.16		2,563.39
					<b>45,286.61</b>
			RIV # 15-0178 dtd. 02/13/15 Corplan 15-0180 dtd. 02/13/15 Prosecution 15-0063 dtd. 01/28/15 OSVP-FMS		

**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> CORAZON M. TABULAO Fiscal Controller III	Funds Available in the amount of: Php47,850.00 <i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	APPROVED:  <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>208-10C Office Equipment</u> Budget: <u>P 15,950.00</u> Remarks: <u>changed to Corplan, OSVP-FMS, PRC (GAS)</u>		Received copy of P.O.: <u>Nov 3, 2015</u> Date
CONFORME: <i>[Signature]</i> Signature over Printed Name and Position of authorized representative		

*faxed 3/2 2pm to Mr. Villan*