

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

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
					45,286.61
			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

PO 02-024

Certified Budget Available:	Funds Available in the amount of:	Php47,850.00	APPROVED:
<p><i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III</p>		<p><i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III</p>	<p><i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative</p>
Within the COB:	2015		
Expense Code:	208-NC Office Equipment		
Budget:	P 15,950.00		
Remarks:	changed to Corplan, OSVP-FMS, Purse (GMS)		
CONFORME:	<p><i>[Signature]</i> JOHN CESAR CALSON Signature over Printed Name and Position of authorized representative</p>		<p>Received copy of P.O.: <u>Mar 3, 2015</u> Date</p>

faxed 3/2 2pm to Mr. Villan