

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158

PURCHASE ORDER

Supplier METRO-B SCHOOL AND OFFICE SUPPLIES
 Address 470 E.T. Yuchengco St., Brgy. 289, Binondo, Manila
 Tel.Fax No. 242-0144, 242-0150
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 03-028-15
 Date: March 3, 2015
 Term of Payment: C.O.D.
 Mode of Procurement: Small Value Procurement

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	PC.	Dater Machine, Trodat 5460 with Rubber Inscription	1,656.00	1,656.00
					1,656.00
			LESS: EWT 1% 14.79		
			GMP 5% 73.93		88.72
					1,567.28
			RIV#		
			15-0051 dtd. 01/26/15 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 shall be deemed received on the day 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 goods.
- 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

PD 03-028-15 Certified Budget Available: _____ Funds Available in the amount of: <u>Php1,656.00</u>		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>334-10 - REG OFFICE SUPPLIES</u> Budget: <u>1,656</u> Remarks: <u>EMS - 50 # - G</u>		
CONFORME: <i>[Signature]</i> <u>D. BATHAN</u> Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>3/9/15</u> Date

[Signature]
CORAZON M. TABULAO
 Fiscal Controller III

[Signature]
LILIA R. GARRIDO
 Fiscal Controller III