

**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 CITIPAPER, INC.  
Address Rm. 272 Comfoods Bldg., Sen. Gil Puyat Ave., Makati  
Tel.Fax No. 812-2445, 844-5894, 552-4584  
Supplier Registered with: PHILHEALTH

Purchase Order No.: 03-030-15  
Date: March 4, 2015  
Term of Payment: On Account  
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	2947	sets	Corrugated Box Plain, 200lbs., B-Flute, HSC, Self Lock, Glued Joint Size: Body: 14-15/16 x 11-1/4 x 10-3/16 Cover: 16-1/2 x 26-1/8	28.50	83,989.50
					83,989.50
			LESS: EWT 1% 749.91		
			GMP 5% 3,749.53		
					4,499.44
					<b>79,490.06</b>
			RIV# 15-0220 dtd. 02/16/15 PRID 1st Quarter Stock		

**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

Certified Budget Available:		Funds Available in the amount of:	Php83,989.50	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III		<i>[Signature]</i> LILIA B. GARRIDO Fiscal Controller III		
Within the COB: <u>CY 2015</u> Expense Code: <u>774-10 (GASS-47,347, MFO 31 - 36,622.50</u> Budget: <u>783,989.50</u> Remarks: <u>MS</u>				<i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: <div style="display: flex; justify-content: space-between;"> <div>                     Signature over Printed Name and Position of authorized representative                 </div> <div>                     Received copy of P.O.: Date                 </div> </div>				

*faxed chd July 3/7/15 9:30 AM*  
*817-9372*

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Very truly yours,

*[Signature]*  
 ELY E. ROXAS

Administrative Officer III

PO 03-032 Certified Budget Available: _____ Funds Available in the amount of: <u>Php83,989.50</u>		APPROVED:  <i>[Signature]</i> CHERIE CARMEN B. DIVINA DIC HSA - SSAC HEAD OF THE AGENCY or Authorized Representative
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III  <i>[Signature]</i> LILIA B. GARRIDO Fiscal Controller III		
Within the COB: <u>03 2015</u> Expense Code: <u>7711-10 / OAES-41, 347, MPD 24-26, 622-50</u> Budget: <u>83,989.50</u> Remarks: <u>[Signature]</u>		Received copy of P.O.: <u>March 10, 2015</u> Date
CONFORME: <u>Joey B. Benipayo - Account Executive</u> Signature over Printed Name and Position of authorized representative		