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	16/35 MM PRODUCTION SUPPLY	Purchase Order No.:	03-031-15
Address	UG-22 & 23 Star Centrum Bldg. # 317 Sen. Gil Puyat Avenue, Makati City	Date:	March 6, 2015
Tel.Fax No.	893-3849 to 50 893-3848	Term of Payment:	On Account
Supplier Registered with:	PHILHEALTH	Mode of Procurement:	Shopping

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	ca	Toner for Canon Copy Printer, LBP 5970, Black	5,021.00	15,063.00
2	3	ca	Toner for Canon Copy Printer, LBP 5970, Cyan	5,411.00	16,233.00
3	3	ca	Toner for Canon Copy Printer, LBP 5970, Magenta	5,411.00	16,233.00
4	3	ca	Toner for Canon Copy Printer, LBP 5970, Yellow	5,411.00	16,233.00
5	11	ca	Ink Cartridge for EPSON T40W Printer, Black	921.00	10,131.00
6	12	ca	Ink Cartridge for EPSON T40W Printer, Cyan	568.00	6,816.00
7	12	ca	Ink Cartridge for EPSON T40W Printer, Magenta	568.00	6,816.00
8	12	ca	Ink Cartridge for EPSON T40W Printer, Yellow	568.00	6,816.00
			Note:		
			Minimum of (1) year expiration date from the date of delivery		
					94,341.00
			LESS: EWT 1% 842.33		
			GMP 5% 4,211.65		5,053.98
					89,287.02
			RIV #		
			15-0216 dtd. 02/16/15 PRID 1st Quarter Stock		
			15-0227 dtd. 02/17/15 PRID		

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 . 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 i
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,

ELY E. ROXAS
Administrative Officer III

Certified Budget Available:	Funds Available in the amount of: Php94,341.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA R. GARRIDO Fiscal Controller III	CHERIE CARMEN B. DIVINA OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
PO 03-037		
Within the COB: FY 2015 Expense Code: 785-00 / 2.14 Budget: P 94,341 - / VAT EXEMPT Remarks:		

CONFORME:	Received copy of P.O.:
Signature over Printed Name and Position of authorized representative	Date

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158 637-49:5

PURCHASE ORDER

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Address: UG-22 & 23 Star Centrum Bldg. # 317 Sen. Gil Puyat Avenue, Makati City
Tel.Fax No.: 893-3849 to 50 893-3848
Supplier Registered with: PHILHEALTH

Purchase Order No.: 03-031-15
Date: March 6, 2015
Term of Payment: On Account
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Very truly yours,

ELY E. ROXAS
Administrative Officer III

Certified Budget Available: Funds available in the amount of: Php94,341.00

CORAZON M. TABULAO
Fiscal Controller III

LILIA R. GARRIDO
Fiscal Controller III

APPROVED:

CHERIE CARMELA B. DIVINA
OIC, HEAD - SBAC
HEAD OF THE AGENCY
or Authorized Representative

90 03-027

Within the CDB:
Expense Code:
Budget:
Remarks:

CONFORME:

MYRENE RESPOLONG
Signature over Printed Name and Position of authorized representative

Received copy of P.O.:
03/12/15
Date