REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporati

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier	RONEENA INC.			Purchase Order No.:	03-035-15	
Address	No. 88 11th Ave., G	irace Park, Caloocan Cit	у	Date:	March 12, 2015	
Tel.Fax No.	477-7698			Term of Payment:	C.O.D.	
Supplier Registered with: PHILHEALTH				Mode of Procurement:	Shopping	
Please (deliver to this office w	vithin	C.O.D.	from receipt	hereof the following	

NO.	QTY	UNIT	ITEM DESCRIPTION							UNIT PRICE	TOTAL AMOUNT
l	2	pcs.	Glass Plaque for PRAISE Awards (GSA)						1,200.00	2,400.0	
			Specific	ations:							
			Size: 1/4" clear with B-Smoke								
			10.30" x 7" x 10.55.mm thick								
ا خور											
		ļ									
		•									
											2,400
	-					LESS:	EWT	1%	21.43		
							GMP	5%	107.14		128,
		1									2,271.
			RIV #								
	l		14-1132	dtd.	12/12/15	HRD-Pro	aise				

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.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, i. 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
- 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.

Certified Budget Available:

Funds Available in the amount of:

CORAZON M. TABULAO

Fiscal Controller III

Php2,400.00

APPROVED:

CHERIE CARMEN B. DIVINA

Very truly yours,

Fiscal Controller III

10 03 010

Within the COB:

Expense Code:

Budget:

Remarks:

CONFORME:

Fiscal Controller III

Fiscal Controller III

Fiscal Controller III

CHERIE CARMEN B. DIVINA

CHERIE CARMEN B. DIVINA

OIC, HEAD - SBAC

HEAD OF THE AGENCY

or Authorized Representative

Signature over Printed Name and Position of authorized representative

Received copy of P.O.: 3/14/15
Date