

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 ADECS INTERNATIONAL CORP. Purchase Order No.: 03-038-15
 Address 141 D. Tuazon St., Quezon City Date: March 13, 2015
 Tel.Fax No. 740-1889, 743-3060, 740-0130 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	26	pc.	Ink Cartridge for HP1515 Printer, Model HP678, CZ107A, Black	357.00	9,282.00
2	26	pcs.	Ink Cartridge for HP1515 Printer, Model HP678, CZ108A, Colored	357.00	9,282.00
3	8	pcs.	Toner Cartridge for Samsung Printer ML2525	2,743.00	21,944.00
Note: Minimum of (1) year expiration date from the date of delivery					40,508.00
LESS: EWT 1% 361.68 ✓ GMP 5% 1,808.39 ✓					2,170.07
					38,337.93
RIV # 15-0274 dtd. 02/24/15 PRID 1st Quarter Stock 15-0267 dtd. 02/24/15 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 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

Certified Budget Available: <i>[Signature]</i>	Funds Available in the amount of: Php40,508.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III PO 03-044	LILIA R. GARRIDO Fiscal Controller III	<i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC, HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 77 2015	Expense Code: 785-W / 2-K	
Budget: 40,508	Remarks: WAT-OPC	
CONFORME:		Received copy of P.O.:
Signature over Printed Name and Position of authorized representative		Date

Faxed 3/19/15 1:20 pm o/o Ms. Mona

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Within the COB: <i>[Signature]</i> Expense Code: <i>[Signature]</i> Budget: <i>[Signature]</i> Remarks: <i>[Signature]</i>		Received copy of P.O.: <i>[Signature]</i> 03-19-15 Date
CONFORME: <i>[Signature]</i> JADA, ROCNES Signature over Printed Name and Position of authorized representative		

faxed 3/19/15 1:20 PM o/o Mr. Man