

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 AVID SALES CORPORATION Purchase Order No.: 03-041-15
 Address 4th Level Unit A415 Eastwood Mall, Bagumbayan, Quezon City Date: March 17, 2015
 Tel.Fax No. 709-1778 Term of Payment: C.O.D.
 Supplier Registered with: PHILHEALTH Mode of Procurement: Shopping

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	unit	Video Camcorder Sony HDR PJ670 with: Free 16GB Micro SD (3) pcs. Kingston 32GB Micro SD (1) unfl Tripod VCT-R640	31,500.00 1,000.00 2,200.00	31,500.00 3,000.00 2,200.00 36,700.00
2	2	units	Camera, Compact, Digital Sony DSC-W800 20.1MP Note: (3) years warranty	4,185.00	8,370.00
			LESS: EWT 1% 402.41 GMP 5% 2,012.05		2,414.46
			RIV # 15-0234 dtd. 02/17/15 HRD 15-0194 dtd. 02/13/15 BDRD 15-0202 dtd. 02/13/15 OSDO		42,655.54

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 is acknowledged 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]
 RLY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php45,070.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	<i>[Signature]</i> 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: <u>2015</u>	Expense Code: <u>238-W (Office Equipment)</u>	Budget: <u>45,070.00</u>	
Remarks: <u>Charged to HRD, OSD, OSD C (Basis) BDRD GMP 201</u>			
CONFORME:		Received copy of P.O.:	
<i>[Signature]</i> Signature over Printed Name and Position of authorized representative		Date	