REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporé

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

PURCHASE ORDER

Supplier	ADECS INTERNATION	NAL CORP.	Purchase Order No.:	03-042-15	
Address	141 D. Tuazon St., Qu	ezon City		March 17, 2015	
Tel.Fax No.	740-1889, 743-3060, 740-0130			Term of Payment:	On Account
Supplier Registered with:		PHILHEALTH		Mode of Procurement:	Shopping
Please de	eliver to this office w	ithin 4	5 working dave	from receipt	haraaf tha fallowing

NO.	QTY	UNIT	ITEM DESCRIPTION						UNIT PRICE	TOTAL AMOUNT
1	11	pcs.	Imaging Film f						912.00	10,032.00
			Minimum of (1) year expire	ation date	e from the	date of a	delivery		10,032.00
					LESS:	EWI GMP	1% 5%	89.57 / 447.86 ,		537.43 9,494.57
			RIV # 15-0148 dtd.	02/09/15	Treasury	Dept.				7,474.37

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, if. 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.

Very	truly yours, ELY E. ROXAS
-	Administrative Officer III
CORAZON M. TABULAO Fiscal Controller III PO 03 -048 Within the COB: 2015 Expense Code: 10 - 10 Budget: 10 - 12 Remarks: 5 # 14 - 10 Funds Available in the amount of: Php10,032.00 Finds Available in the amount of: Php10,032.00 Php10,032.00 Php10,032.00 Php10,032.00 Php10,032.00 Fiscal Controller III PO 03 -048 Within the COB: 2015 Expense Code: 10 - 10 Budget: 10 - 10 - 10 Budget: 10 - 10 - 10 Fiscal Controller III PO 03 -048	APPROVED: CHERIE CARMEN B. DIVINA OIC HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME:	Received copy of P.O.:
Signature over Printed Name and Position of authorized representative	Date

Philippine Health Insurance Corpora....
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Telefax No. 637-3158 637-4735

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	Address 141 D. Tuazon St., Quezon City Tel.Fax No: 740-1889; 743-3060, 740-0130									
						Term of Payme				
Supplier Registered with:			. PHILHEALTH		-	Mode of Procurent	ent:	Shopping		
Plea	ise delive	r to this c	office within4	15 workin	ıg days	from	receipt here	of the following		
NO.	· QTY	UNIT		EM DESCR	· · · · · · · · · · · · · · · · · · ·		UNI PRI			
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		•	Minlimum of (1) year expire	ионаріе д	rom the c	late of delivery				
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Terms & C	onditions		3	i Gosti vice	9D1.			<u></u>		
2. If the di it was a J. Delivery Section during h 1503: Cit 4. Delivery b. Uelectiv	ate of rece cknowledge of the ap- at least to lon/Wed/i ystate Ctr Receipt a 'e, incomo	eipt of the se to have ove item(se to have ove item(se to have), if it is a set of the s	nalty in an amount equivalent stay as liquidated damages. Purchase Order / P.O. by the been received by a represent shall be made within the properties that the made within the properties the delivery. Use of a litem(s) shall be delivered sig City invoice shall be required for order-compliant of goods as to soon for a back-up unit in case	e dealer is n tative either described sol elevator sha d and accept the time con specification	ot indication through: hedule dai ilt only be ted by the hplete del when qu	ed, if . tax or è-mall tes. Supplier are adv trom 09:00 to 11:30 Procurement Sectio livery or the other shaft pe rejecte	dsed to intom a.m. and 1:3 in at 15th Flo	m Procurement 30 to 3:00 p.m or, Room		
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ONFORME:	Nei		lay/Vollage			Received copy of	f P.Ö.:		4	
			Printed Name and Position of	Y authorized		03/18/10		·	1	
•••	-		representative	d animontal			Date			