

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.: 03-042-15
Address 141 D. Tuazon St., Quezon City	Date: 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 deliver to this office within **45 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	11	pcs.	Imaging Film for Panasonic Fax Machine, Model: KX FP-711 Note: Minimum of (1) year expiration date from the date of delivery <div style="text-align: right; margin-top: 20px;"> LESS: EWT 1% 89.57 ✓ GMP 5% 447.86 ✓ </div>	912.00	10,032.00
					10,032.00
					537.43
					9,494.57
			RIV # 15-0148 dtd. 02/09/15 Treasury Dept.		

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 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

Certified Budget Available: CORAZON M. TABULAO Fiscal Controller III PO 03-048	Funds Available in the amount of: Php10,032.00 LILIA R. GARRIDO Fiscal Controller III	APPROVED: CHERIE CARMEN B. DIVINA OIC HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2015 Expense Code: 744-10 Budget: 10,032 Remarks: SO # 14 TRX 15/3/15		
CONFORME: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> _____ Signature over Printed Name and Position of authorized representative </div> <div style="width: 35%;"> _____ Date </div> </div>		

Received copy of P.O.:

faxed 3/19/15 1:20pm to Mr. Man

Philippine Health Insurance Corporation

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Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158 637-4735

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Supplier	<u>ADECS INTERNATIONAL CORP.</u>	Purchase Order No.:	<u>03-042-15</u>
Address	<u>141 D. Tuazon St., Quezon City</u>	Date:	<u>March 17, 2015</u>
Tel/Fax No:	<u>740-1889, 743-3060, 740-0130</u>	Term of Payment:	<u>On Account</u>
Supplier Registered with:	<u>PHILHEALTH</u>	Mode of Procurement:	<u>Shopping</u>

Please deliver to this office within 45 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	11	pcs.	Imaging Film for Panasonic Fax Machine, Model: KX FP-711 <i>N/S</i>	912.00	10,032.00
Note: Minimum of (1) year expiration date from the date of delivery					10,032.00
LESS: EWT 1% 89.57 GMP 5% 497.85					537.43
					<u>9,494.57</u>
RIV # 15-0148 did. 02/09/15 Treasury Dept.					

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Very truly yours,

Ely E. Roxas
ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php10,032.00
<i>Corazon M. Tabulao</i> CORAZON M. TABULAO Fiscal Controller III	<i>Lilia R. Garrido</i> LILIA R. GARRIDO Fiscal Controller III	APPROVED: <i>Cherie Carmen B. Divina</i> CHERIE CARMEN B. DIVINA OIC/HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2015</u> Expense Code: <u>389-10</u> Budget: <u>10,032</u> Remarks: <u>PO # 14 TWS</u>		

CONFORME:

Nana Nana
NANA NANA
Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

03/18/15
Date