

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158

PURCHASE ORDER

Supplier CITIPAPER, INC.
 Address Rm. 272 Comfoods Bldg., Sen. Gil Puyat Ave., Makati
 Tel.Fax No. 812-2445, 844-5894, 552-4584
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 03-043-15
 Date: March 19, 2015
 Term of Payment: On Account
 Mode of Procurement: Small Value Procurement

Please deliver to this office within 30 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	6	units	Flash/Thumb Drive 64GB Imotion 64GB	1,190.00	7,140.00
					7,140.00
			LESS: EWT 1% 63.75 GMP 5% 318.75		382.50
					6,757.50
			RIV# 15-0164 dtd. 02/12/15 OFF 15-0224 dtd. 02/16/15 PRID		

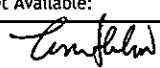
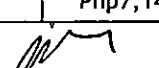

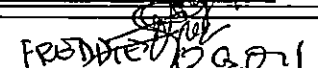
Terms & Conditions:

- 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 shall be deemed received on the day 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 goods.
- Detective, 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:	Funds Available in the amount of:	Php7,140.00	APPROVED:
 CORAZON M. TABULAO Fiscal Controller III		 LILIA E. GARRIDO Fiscal Controller III	 CHERIE CARMEN B. DIVINA OIC Head - SBAC HEAD OF THE AGENCY or Authorized Representative
PD 03-052 Within the COB: <u>2015</u> Expense Code: <u>785-00 / 50#6</u> Budget: <u>7,140</u> Remarks: <u>change to OFF + PHD</u>			
CONFORME:  Signature over Printed Name and Position of authorized representative			Received copy of P.O. <u>3-23-15</u> Date

faxed 3/23/15 1:40pm to Joey

817-8372

22/03/2015 02:26 6373158

PROCUREMENT (RM. 1503)

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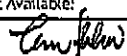



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PO 03-052 Within the COB: 2015 Expense Code: 485-00 / 5006 Budget: 67,140 Remarks: change to QFP + PRID			
CONFIRME:  Joey B. Benipayo Signature over Printed Name and Position of authorized representative		Received copy of P.O.: March 23, 2015 Date	