

Date \_\_\_\_\_

**Philippine Health Insurance Corporation.**  
 709 CityState Center Bldg.  
 Shaw Blvd. Brgy. Oranbo, Pasig City  
 Telefax No. 637-3158 637-4735

**PURCHASE ORDER**

Supplier **EPARTNERS SOLUTIONS, INC.**  
 Address **Unit 704, OMM Citra bldg. San Miguel, Ortigas Center Pasig City**  
 Tel.Fax No. **903-6908 720-2956**  
 Supplier Registered with: **PHILHEALTH**

Purchase Order No.: **03-044-15**  
 Date: **March 19, 2015**  
 Term of Payment: **On Account**  
 Mode of Procurement: **Small Value Procurement**

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	units	HDD, External, Portable, 1TB Samsung M3 1TB (HX-M101TCB/G)	3,437.00	89,362.00
2	9	units	HDD, External, Portable 2TB Samsung M3 2TB (HX-M201TCB/G)	5,707.00	51,363.00
			Note: (3) years warranty		140,725.00
			LESS: EWT 1% 1,256.47 ✓		
			GMP 5% 6,282.37 ✓		7,538.84
					<b>133,186.16</b>
			RIV #		
			15-0299 dtd. 02/27/15 ITMD		

**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
- 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:	Funds Available in the amount of:	Php140,725.00	APPROVED:
 <b>CORAZON M. TABULAO</b> Fiscal Controller III		 <b>LILIA A. GARRIDO</b> Fiscal Controller III	 <b>CHERIE CARMEN B. DIVINA</b> OIC, HEAO - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>2015</u> Expense Code: <u>255-22 (IT Equipments &amp; Software)</u> Budget: <u>7,140,725.00</u> Remarks: <u>changed to various office</u>			
CONFORME: <b>Account Executive</b> Signature over Printed Name and Position of authorized representative			Received copy of P.O.: <u>3/25/2015</u> Date