# 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	<b>EPARTNERS</b>	SOLUTIONS, INC.	Purchase Order No.:	03-044-15	
Address	Unit 704, OMM	Citra bldg. San Miguel, Ortigas Center Pasig City	Date:	March 19, 2015	
Tel.Fax No.	903-6908 720	0-2956	Term of Payment:	On Account	
Supplier Registered with:		PHILHEALTH	Mode of Procurement:	Small Value Procurement	
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Please deliver to this office within 45 working days from receipt hereof the following NO. QTY UNIT ITEM DESCRIPTION UNIT TOTAL **PRICE AMOUNT** 1 26 units HDD, External, Portable, 1TB 3,437.00 89.362.00 Samsung M3 1TB (HX-M101TCB/G) 2 9 units 5,707.00 HDD, External, Portable 2TB 51,363.00 Samsung M3 2TB (HX-M201TCB/G) Note: (3) years warranty 140,725.00 LESS: EWT 1% 1.256,47 GMP 5% 6,282.37 / 7,538.84 133,186.16 RIV#

#### 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.

ITMD

02/27/15

- 2. 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
- 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

representative

15-0299 dtd.

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.

ELY E. ROXAS Administrative Officer III Php140,725.00 APPROVED: Certified Budget Available: Funds Available in the amount of: CORAZON M. TABULAO **GARRIDO** Fiscal Controller III 👍 Controller III \$0 07 -05 CHERIE CARME Ń В. DIVINA Within the COB OIC. HEAD - SBAC Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative Remarks: CONFORME: Received copy of P.O.: Signature over Printed Name and Position of authorized Date

Very truly yours,

Purchase Order No.:

Date

Supplier

EPARTNERS SOLUTIONS, INC.

FAX NO. :7202956

## Hillippine Health Insurance Corporation.

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Please deliver to this o			office within 45 working days					from receipt		hereof the following	
NO.	QTY	UNIT		n	rem des	CRIPTION				UNIT PRICE	TOTAL AMOUNT
1	26	units	HDD, External, Pa	ntable, 178	}		•			3.437.00	89,362.00
<b> </b>		i	Samsung M3 11B	(HX-M101	TCB/G)						
2	9	units	HDD, External, Portable 2TB						5.707.00	51,363.00	
			Samsung M3 2TB	(HX-M201	TCB/G)					İ	-
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it was a 3. Delivery Section during 1503 Ci 4. Delivery 5. Defecti	acknowled y of the a n at least t Mon/Wed itystate Ci y.Receipt ive, incom	lge to have bove item (2) da /Fri (MWF tr. Bldg. Fand Sales ipatible o	Invoice shall be re r non-compliant of	va represent vithin the prery. Use of be delivered quired for a goods as to	stative eit prescribed elevator ed and acc one-time procession	ther through schedule d shall only b tepted by th complete do ation when o	i fax or ates. Su e from ( ie Procu elivery (	e-mail upplier are a 09:00 to 11: urement Sec of the	advised t 30 a.m. ition at	to inform Procur and 1:30 to 3:0 15th Floor, Room	ement O p.m.
time of	t delivery.	With pro	vision for a back-up	o nust su ca	se of repa	ıır. Vet	v trulv	yours,			•
							J 4/ 5/13	<b>,</b>	ELY	E. ROXAS	
								Δ	dministr	ative Officer III	
Certified Bud	dget Availabl	e;	Funds Available in the	amount of:	Php1	40,725.00	_ ^	PPROVED:	-		
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po 27 -057							CHERIE CARMEN B. DIVINA				
Within the COB: 2013							OIC, HE40 - SBAC HEAD OF THE AGENCY				
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CONFORM	nci	pon A	e Sombru	a / Acc	ouet Exe	cu five	er.		3/25/		
[	Si		ver Printed Name						<del>~/                                    </del>	ite	•

representative