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 AMBASSADOR APPLIANCES, INC.				Purchase Order No.:	03-046-15	
Address	421 Dasmariñas St., Bin	ondo, Manila		Date:	March 25, 2015	
Tel.Fax No.	241-3867, 219-0628,	241-3872		Term of Payment:	C.O.D.	
Supplier Registered with: PHILI		PHILHEALTH		Mode of Procurement:	Shopping	
Please deliver to this office within			C.O.D.	from receipt hereof the following		

NO.	QTY	UNIT	ITEM DESCRIPTION				UNIT PRICE	TOTAL AMOUNT		
1	1	unit	Refrigerator, A	utomatic, Si	ngle Dooi	r			11,295.00	11,295,00
			LG Refrigerato	r, 6 cu.ft., GN	I-B201\$LZ	:				
			Note: (1) year	warranty						
		,	,						_	11,295.00
					LESS:	EWT	1%	100.85		
						GMP	5%	504.24		605.09
										10,689.91
			RIV #							
			15-0192 dtd.	02/13/15	OAVP, N	NCR & Souh	item Luzor	١		

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. 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.

ро 03-054	r truly yours, ELY E. ROXAS Administrative Officer III
CORAZON M. TABULAO Fiscal Controller III Within the COB: Expense Code: Budget: ### Company of the amount of: Php11,295.00 LILIA R GARRIDO Fiscal Controller III Within the COB: Expense Code: ### Coff in Equipment Budget: ### Company of the Equipment #### Company of the Equipment Budget: #### Company of the Equipment #####	CHERIE CARMEN B. DIVINA OIC, HEAD · SBAC HEAD OF THE AGENCY or Authorized Representative
CONFORME: Jane He F. Del Down My Signature over Printed Name and Position of authorized representative	Received copy of P.O. 14, DL