

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 **MAITILINK SYSTEMS, INC.** Purchase Order No.: **04-056-15**
 Address Unit 401 Unlad Condo cor. Gen. Malvar St., Taft Ave., Malate, Manila Date: **April 27, 2015**
 Tel.Fax No. 526-2120 to 21, 526-6966 Term of Payment: **On Account**
 Supplier Registered with: PHILHEALTH 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	1	unit	Camera, Digital, SLR Kit (with lens) at least 16MP, with LCD Nikon D3200 DSLR 24.2MP Kit Lens: 18-55mm Free: Memory Card, Bag, Tri-pod	24,600.00	24,600.00
			LESS: EWT 1% 219.64 ✓ GMP 5% 1,098.21 ✓		24,600.00 1,317.85 23,282.15 ✓
			RIV # 15-0144 dtd. 02/09/15 Corcom		

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 PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- The contracting parties undertake to comply with Office order No. 0018-2015 entitled "Reiteration of Philhealth No Gift Policy (Revision 1)" which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php24,600.00	APPROVED:
<i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III po 04-036		<i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	<i>[Signature]</i> CHERIE CARMEN B. DIVINA HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Within the COB:	2015 Expense Code: <i>208-10 Coffee Equipment</i> Budget: <i>\$ 24,600.00</i> Remarks: <i>changed to corcom</i>		
CONFORME:			Received copy of P.O.:
Signature over Printed Name and Position of authorized representative			Date

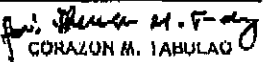



Forwarded 5/4 c/o Ms. Cynthia

04 May 2015 10:57 P 001

PURCHASE ORDER

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

Administrative Officer III

Certified Budget Available:	Funds Available In the amount of	Php 24,600.00	APPROVED:
 CORAZON M. TABULAG Fiscal Controller III po 04-076		 LILIA R. GARRIDO Fiscal Controller III	
Within the COB: <u>2015</u> Expense Code: <u>228-W (Coffee Engineering)</u> Budget: <u>\$ 24,600.-</u> Remarks: <u>change to contract</u>		 CHERIE CARMEN B. DIVINA HEAD, SBAC Procurement Office HEAD OF THE AGENCY Authorized Representative	
CONFIRME:  FWANDA BATUYONG Signature over Printed Name and Position of authorized representative		Received copy of P.O.: <u>5-4-15</u> Date	