

# 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 SYS	TEMS, 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		-6966	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 30 working days from receipt hereof the following NO. OTY UNIT ITEM DESCRIPTION UNIT TOTAL **PRICE** AMOUNT 1 unit Camera, Digital, SLR Kit (with lens) at least 16MP, with LCD 24,600.00 24,600.00 Nikon D3200 DSLR 24.2MP Kit Lens: 18-55mm Free: Memory Card, Bag, Tri-pod 24,600.00 1F55+ FWT 1% 219.64 / **GMP** 5% 1.098.21 ~ 1,317.85 23,282.15 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.
- 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

Corcom

- 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 PSMD at 15th Floor, Room 1501 Citystate Ctr. Bidg. Pasig City
- 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.

15-0144 dtd.

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.

02/09/15

6. 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 incfluence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

ELY E. ROXAS Administrative Officer III Certified Budget Available: Funds Available in the amount of: Php24,600.00 APPROVED: In There M. F- d CORAZON M. TABULAO LILIA RA GARRIDO Fiscal Controller III Fiscal Controller III po 04-076 CHERIE CARMEN B. DIVINA Within the COB: 2016 HEAD, SBACK Procurement Office Expense Code: HEAD OF THE AGENCY Budget: or Authorized Representative CONFORME: Received copy of P.O.: Signature over Printed Name and Position of authorized Date representative

FROM:

FAX NO. :6373158

04 May 2015 10:57 P 001

# 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	М	AITILINK	SYSTEMS, INC.			Pu	ırçhase On	der No.:	04-05	6-15	_
Address			Condo cor, Gén. Malva		e, Manila	_		Date:	April 27	, 2015 <u> </u>	
Tel.Fax N			1,526-6966				Term of Pa	ayment:	On Ac	count	_
Supplier l	Registe	red with:	PHIL	HEALTH	_	Mod	e of Procu	rement:	Small Value F	rocurement	-
Pleas	se deliv	er to this d	office within	30 worki	ng days		from	recelpt	hereof the follo	wing	
NO.	QΤΥ	UNIT		ITEM DES	CRIPTIO	1			UNIT PRICE	TOTAL AMOUNT	
1	1	unit	Camera, Digital Nikon 03200 DSLR Kit Lens: 18-55mm Free: Memory Ca	24.2MP	twi CMP	1% 5x	219.44 1,098.21	,	24, 60H 0X	24.600.00 1,317.95 23,282.15	
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Corcom

- 5. Desivery of the above items) shall be made within the prescribed expected dates. Supplier are intributed to inform Procurement Section to least two .2, days before that delivery. Use of exercise shall only be train 03:00 to 11:30 a.m. and 1:30 to 0:00 a.m. during MonWedtFri (MWF). All parties are believed and nanopled by the PSMD at 15th Proof. Room 1501 Citystate Ctr. Bidg. Hears Oily
- 4. (January Receipt and Sales tayging shall be required for one-ame complete delivery of the goods.

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02/09/15

6. The contracting parties undertake to comply with Office order No. 2018-2015 entitled! Reteration of Philippath No Giff Policy (Row Jins. 1) which is deepned incorporated into this Contract. No Philippath personnel shall solid, demand, or acceptance, droubly or undirectly, any gift from any person, group or acceptance, or environmentally which work promises existing or private sester, or environmental to work promises existing which which which in the course of efficial duties or in connection with any transaction which which may affect the functions of their epich or includence the colors of directors or employees, or could be appearance or a conflict of interest.

Certified Buttest Available: Funds Available in the amount of Php24,600.00 APPROVED:  CORAZON M. TABULAG LILIA R. GARRIDO  Fiscal Controller III Fiscal Controller III  PO ON - 07L  Within the COB: 20M  Expense Code: 351.00 Collina Service Company of Php24,600.00  Buttest: 41.400 - 000  Remarks: Controller III Company of Php24,600.00  Received copy of Php24,600.00  APPROVED:  CHERTE CARMEN B. DIVINA  HEAD, SBACA Procurement Office  Authorized Representative  CONFORME: Received copy of Php.1:	Very t		ELY E. ROXAS	
CORAZON M. JABULAO  Fiscal Controller III  PO 0Y - 07C  Within the COB:  EXPANS Code:		Administrative Officer III		
Fiscal Controller III  PO ON -07C  CHERIE CARMEN B. DIVINA  Within the COB: 20K  Expense Code: 235 LO Collice Long  Budget: 7 24 Cots - 0 0  Remarks: Claused to Long  Remarks	Certified Europet Available: Funds Available in the amount	mt of Php 24,600.00	APPROVEC:	
CONFORME: Received copy of P.O.:	Fiscal Controller III  pa ov -07C  Within the Cos: 2016  Expense Code: 2016  Expense C	HEAD, SBACK Procurement office HEAD OF THE AGENCY		
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FWMAR BATUSONS	FWMAR BATWONG		_ <i>5-4-15</i>	
Signature over Printed Name and Position of authorized Date representative	Signature over Printed Name and P	estion of authorized	Date	