

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 CITIPAPER, INC.
 Address Suite 272 Comfoods Bldg., Gil J. Puyat Ave., Makati City
 Tel./Fax No. 812-2445, 844-5894, 552-4584
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 05-069-15
 Date: May 22, 2015
 Term of Payment: On Account
 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	17	units	Flash/Thumbdrive 32GB	580.00	9,860.00 ✓
2	4	units	Imation Flash Drive 32GB		
			Flash/Thumbdrive 64GB	1,190.00	4,760.00 ✓
			Imation Flash Drive 64GB		
					14,620.00 ✓
			LESS: EWT 1% 130.54 ✓		
			GMP 5% 652.68 ✓		783.22 ✓
					13,836.78 ✓
			RIV #		
			15-0444 dtd. 04/14/15 SMD		
			15-0469 dtd. 05/14/15 CAG		
			15-0496 dtd. 05/12/15 Comptrollership		

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: <i>[Signature]</i>	Funds Available in the amount of: Php14,620.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III	LILIA B. GARRIDO Fiscal Controller III	<i>[Signature]</i> CHERIE CARMEN B. DIVINA
Within the COB: 2015		HEAD, SBAC & Procurement Office
Expense Code: 785-00		HEAD OF THE AGENCY
Budget: 14,620 - charged to		or Authorized Representative
Remarks: SMD, OUP-CAG, Comptrol.		

CONFORME:	Received copy of P.O.:
Signature over Printed Name and Position of authorized representative	Date

Faxed c/o Sir Joey 5/25/15