

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: **PANTRONICS INTERNATIONAL CORPORATION** Purchase Order No.: **09-108-15**  
 Address: **51-53 Gen. Rosendo Simon St., Kalookan** Date: **September 29, 2015**  
 Tel.Fax No.: **363-3636, 367-5377** Term of Payment: **On Account**  
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**


Please deliver to this office within **20 working days** from receipt hereof the following

| NO. | QTY | UNIT | ITEM DESCRIPTION  | UNIT PRICE | TOTAL AMOUNT     |
|-----|-----|------|---|------------|------------------|
| 1   | 1   | unit | <b>Paper Shredder, Standard</b><br><b>Bonsaii Paper Shredder 3S16</b><br><br><b>Note: (1) year warranty</b><br><br><div style="text-align: right;">LESS: EWT 1% 141.96<br/>GMP 5% 709.82</div><br><br>RIV #<br>15-1033 dtd. 09/16/15 ILED | 15,900.00  | 15,900.00        |
|     |     |      |   |            | 15,900.00        |
|     |     |      |   |            | 851.78           |
|     |     |      |   |            | <b>15,048.22</b> |

**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,

  
**ELY E. ROXAS**

Administrative Officer III

|   |                                   |              |  |
|---|-----------------------------------|--------------|--|
| Certified Budget Available:   | Funds Available in the amount of: | Php15,900.00 | APPROVED:  |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <br/> <b>CORAZON M. TABULAO</b><br/>           Fiscal Controller III         </div> <div style="text-align: center;"> <br/> <b>LILIA R. GARRIDO</b><br/>           Fiscal Controller III         </div> </div> |                                   |              | <br><b>CHERIE CARMEN B. DIVINA</b><br>HEAD, SBAC & Procurement Office<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB: <u>CY 2015</u><br>Expense Code: <u>238-10 / 8106-14</u><br>Budget: <u>15,900.00</u><br>Remarks: <u>NY</u>   |                                   |              |  |
|   |                                   |              |  |
| CONFORME: _____<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature over Printed Name and Position of authorized representative</div> <div>Date</div> </div>   |                                   |              |  |

Received copy of P.O.:

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: **PANTRONICS INTERNATIONAL CORPORATION**  
 Address: **51-53 Gen. Risperdo Simon St., Kalookan**  
 Tel./Fax No.: **363-3636, 367-5377**  
 Supplier Registered with: **PHILHEALTH**

Purchase Order No.: **09-108-15**  
 Date: **September 29, 2015**  
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|-----|-----|------|---|------------|---------------------|
| 1   | 1   | unit | <b>Paper Shredder, Standard</b><br><b>Bonsall Paper Shredder 3516</b> | 15,900.00  | 15,900.00           |
|     |     |      | <b>Note: (1) year warranty</b>  |            |                     |
|     |     |      | LESS: EWT: 1% 141.96<br>GMP 5% 709.82                                 |            | 15,900.00<br>851.78 |
|     |     |      |   |            | <b>15,048.22</b>    |
|     |     |      | RIV #<br>15-1033 did. 09/16/15 ILED                                   |            |                     |

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Very truly yours,

*Ely E. Roxas*  
**ELY E. ROXAS**

Administrative Officer: III

|  |  |                          |  |
|--|--|--------------------------|--|
| Certified Budget Available:  | Funds Available in the amount of:                                    | Php15,900.00             | APPROVED:  |
| <i>Corazon M. Tabulao</i><br>CORAZON M. TABULAO<br>Fiscal Controller III                             | <i>Lilia R. Garrido</i><br>LILIA R. GARRIDO<br>Fiscal Controller III |                          | <i>Cherie Carmen B. Divina</i><br>CHERIE CARMEN B. DIVINA<br>HEAD, SBAC & Procurement Office<br>HEAD OF THE AGENCY<br>or Authorized Representative |
| Within the COB: <i>09/20/15</i>  | Expense Code: <i>238-10/18/0014</i>                                  | Budget: <i>15,900.00</i> | Remarks: <i>CM</i>   |
| CONFORME:  |  |                          | Received copy of P.O.:   |
| <i>Miguel Angel John C.</i><br>Signature over Printed Name and Position of authorized representative |  |                          | <i>Oct-5, 2015</i><br>Date   |