## REPUBLIC OF THE PHILIPPINES

### Philippine Health Insurance Corporatior.

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

### **PURCHASE ORDER**

Supplier:	AMERICAN TECHN	IOLOGIES, INC.	Purchase Order No.:	10-112-15		
Address:	#5 Ideal St. cor. Mc	Collough St., Brgy. Addition Hills, Mandaluyong	Date:	October 21, 2015		
Tel.Fax No.:	526-2120 to 21		Term of Payment:	On Account		
Supplier Reg	istered with:	PHILHEALTH	Mode of Procurement:	Local Shopping	_	

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

NO.	QTY	UNIT	ITEM DESCRIPTION						UNIT PRICE	TOTAL AMOUNT		
1	10	pcs.	Toner Cartridge for Panasonic Fax Machine KXMB2275							5,100.00	51,000.00	
2	4	pcs.	Toner C	artrido	ge for Brotl	her Fax N	Machine M	MFC-73	60		2,990.00	11,960.00
3	4	pcs.	Drum K	it for B	rother Fax	Machine	MFC-73	60			2,990.00	11,960.00
			1	ust be d	original and ery.						_	74,920.00
						LESS:	EWT	1%	668.93			
							GMP	5%	3,344.64	-		4,013.57
												70,906.43
			RIV #								1 [	
	1											
			15-1030	dtd.	09/15/15	O.P.					1	

### 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
- 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. Bldg. Pasig City
- 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- 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.
- 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.

ELY E. ROXAS Administrative Officer III Certified Budget Available: Php74,920.00 APPROVED: Funds Available in the amount of: CORAZON M. TABULAO LILIA R. GARRIDO Fiscal Controller III Fiscal Controller III po 10-275 CHERIE CARMEN B. DIVINA Within the COB: HEAD, SBAC & Procurement Office 2014 Expense Code HEAD OF THE AGENCY 785-0 Budget: or Authorized Representative OP Remarks: VRO SBAC 54, CONFORME: Received copy of P.O.: Signature over Printed Name and Position of authorized Date representative

Very truly yours,

# REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 709 CityState Center Bidg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

# PURCHASE ORDER

Supplier:		ERICAN 1					INSE O	The Barrier	Purch	ase Orde	r No.:	10-1	12-15
Address:	#5 1	deal St. o	or. McCi	lough 5	t., Brgy. Add	ition Hills	, Mandaluyo	ng			Date:	NAMES AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER,	21, 2015
Tel.Fax No.: 526-2120 to 21				a see marry				Ten	m of Pay	ment:		count	
Supplier Registered with:				PHILHEALTH Mode of Procurement:				ment:					
Please deliver to this office w				hin 20 working days from receipt herec						ot herec	of the following		
NO.	QTY	UNIT					DESCRIPTI	27742				UNIT	TOTAL AMOUNT
1	10	pcs.	Toner	Cartric	ige for Pan	asonic F	ax Machi	ne KXM	B2275	***************************************		5,100,00	51,000,00
2	4	pcs.	Toner	Cartrio	ige for Brot	her Fax I	Machine A	AFC-73	60			2,990.00	11,960.00
3	Ą	pcs.			Brother Fax							2.990.00	11.960.00
İ		1 2	Note: I	ust be	original and	l af least (	1) year ex	piration	date from	n the dal			H X
				f deliv						· ······ · · · · · · · · · · · · · · ·	•		
					4.						1	-	
						LESS	EWT	1%	468.9	3 /			74,920.00
100 S. C.		8					GMP	5%	3,344,6				4.013.57
	1											-	70,906,43
		# <u> </u>	RIV#										A CARCONES
at Fig.	400		15-1030		09/15/15	O.P.					1		
Terms & Con			15-1039	dld.	09/16/15	5BAC	-		- 1				
representative in Delivery Orine delivery. Use of at 15th Floor, F. Delivery Receip Defective, moor time of delivery. The contracting into this Contracting into this Contracting into the public.	either thro above iter felevator Room 150 of and Sali mostible o With pro- parties un of No Phi or private	ough fax or e m(s) shall be shall only be 1. Citystate C as invoice at ir non-compli- vision for a b indertake to c ilhealth person sector, at ar	made with from 09.0 in. Bldg. Plast be required and of good ack-up unitompty with printel shall hylinhe, on	the press to 11:30 eig City ed for one as to ape in case of Diffice order pilicit, dem	cribed schedule a.m. and 1:30 to e-time complete ecification when repair, er No. 0018-201;	dates Supplie 3:00 p.m. dui delivery of the quoted shall to 5 entined" Res	er are advised thing MonWedfile goods. The rejected and teration of Philit rectly, any gift to the control of t	o inform Print (MWF).	ocurement S All item(s) shi I the Sift Policy (Re Irson, group o	ecknowledge action at lea all be d'eirre vision 1)" w or associatio	is have be ist two (2) or red and ac nich in deer n. or jundic	as iquidated demag en received by a lays before the depend by the PSMD med incorporated tal entity, whether transaction which	
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		ELÝ E. ROXAS
Certified Budget Available: Funds Available to	T S S	Administrative Officer III
CORAZON M. TABULAO  FISCAL Controller III  PO 10 205  Within the COB: COLIK Expense Code: 784 - 02 6045  Budget: Remarks: Change TO 1 6045	LILIA R. GARRIDO Fiscal Controller III  4-14 400 FRD	APPROVED:  CHERIE CARMEN B/DIVINA  HEAD, SBAC & Procurement Office  HEAD OF THE AGENCY  OF Authorized Representative
	Dung of authorized entative	Received copy of P.O.:  10/26/K5  Date