

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: FLEETSERV INC.
 Address: 2/F Chrisayson Bldg., No. 6, 12th Ave., Brgy. Socorro, Cubao, Q.C.
 Tel.Fax No.: 348-8886, 217-3829
 Supplier Registered with: PHILHEALTH

Purchase Order No.: 11-124-15
 Date: November 25, 2015
 Term of Payment: C.O.D.
 Mode of Procurement: Small Value Procurement

Please deliver to this office within C.O.D. from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	sets	Brake Pads	1,908.00	3,816.00
2	3	sets	Brake Shoe	4,187.00	12,561.00
For: Toyota Innova SLF-991, SKE-642, SJX-761					
					16,377.00
LESS: EWT 1% 146.22					
GMP 5% 731.12					877.34
RIV #					15,499.66
15-0801 dtd. 07/16/15 PRID					
15-0775 dtd. 07/10/15 PRID					
15-0802 dtd. 07/16/15 PRID					

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:	Php16,377.00	APPROVED:
<p><u>CORAZON M. TABULAO</u> Fiscal Controller III</p> <p><u>LILIA R. GARRIDO</u> Fiscal Controller III</p>		<p><u>CHERIE CARMEN B. DIVINA</u> HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative</p>	
<p>Within the COB: <u>2015</u></p> <p>Expense Code: <u>847-00/803-6</u></p> <p>Budget: <u>POB P16,377-</u></p> <p>Remarks: <u>8/11/25</u></p>			<p>Received copy of P.O.: <u>12/01/15</u> Date</p>
<p>CONFORME:</p> <p><u>KATHLEEN GIL</u> Signature over Printed Name and Position of authorized representative</p>			