REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

National Capital Region & Rizal Group

10th Floor, Sunnymede IT Centre Bldg, 1614 Brgy. South Triangle, Quezon Ave., Quezon City

Telefax: 441-2579

PURCHASE ORDER

Supplier:	MAINTENANCE OF AIRCONDITIONING & REFRIGERATION (MARCO) C	0., INC. P.O No.:	NCRP-15-10-008	
Address:	Marco Bldg., 12 Matatag St., Brgy. Pinyahan, Diliman Q.C.	Date:	October 1, 2015	
Tel.Fax No.		Term of Payment:	15 Working Days	
Supplier Re	gistered with	Mode of Procurement:	Small Value Procurement	
DI 1				

Please deliver to this office within

15 working days

from receipt hereof the following

NO.	QTY	UNIT		ITEM	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Repair of 1 unit LG 5.0TR Floor Mounted Air-conditioning Unit and Repair of 1 unit Carrier 5.0TR Floor Mounted Air- conditioning unit located at LHIO Rizal			24,200.00	
			Less:				24,200.00
			EWT	2%:	432.14		
			FVAT	5%:	1,080.36		1,512.50
						Net Amount:	22,687.50
			PR #: 15-0752-NCR-C dtd 08/20/15				

Conditions:

1. The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.

2. The Corporation shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.

3. Render your bills in triplicate copies including the original.

- 4. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 15th Working day from the date of the approval of the P.O.
- 5. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

	Very truly yours,			
		DIODE G. LANTORIA		
		OIC, Management Services Division, PRO NCR		
Certified Budget Available:	Funds Available in the amount of: Php24,20	00.00 APPROVED:		
JOEL P. SANTOS Designated Budget Officer	MARICELU. MAGLALANG Fiscal Controller IV	DENNIS S. MAS, Ph. D URP Vice President - PRO NCR		
Within the COB: 2010		(or Authorized Representative)		
Expense Code: 842.0で Available Budget ダ 20, 200-	Received copy of P.O on	.O on CONFORME: Any Dum		
Remark Port 1917 52014	2) - 1 - 21	Print Name and Signature of Supplier/Representative		