



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PhilHealth Regional Office IVA
 Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
 Call Center (02) 441-7442 Contact Number (042) 373-7554
 www.philhealth.gov.ph region4a@philhealth.gov.ph



PURCHASE ORDER

Supplier: **AUTOMATION SPECIALIST AND POWER EXPONENTS INC.**
 Address: **195 Boni Ave, Brgy. Plainview**
Mandaluyong City
 Tel/Fax No.: **(02) 797 0000 loc 412**
 Supplier Registered with: **Security and Exchange Commission**

PO No. **16-053**
 Date: **28-Apr-16**

Terms of Payment: **on account**
 Mode of Procurement: **NPSV**

Please deliver to this office within **30 days** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	units	UPS Rackmount 1.5KVA	31,185.00	62,370.00
			-ACCU-Power RC2K 2KVA		62,370.00
			Less Taxes: 5% VAT	2,784.38	
			1% EWT	566.88	3,341.26
			TOTAL AMOUNT		69,028.74

Terms & Conditions:

- The agency shall impose equivalent to 1/10 of 1 percent of the total value of the undelivered order for each day of delay as liquidated damages.
- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Very truly yours,

MIGUEL T. MACALINAO
 Chief, MSD

Certified Budget Available: Funds Available in the amount of: 62,370.00		APPROVED: - EDWIN M. ORINA, M.D. OIC, PRO IVA
ERLYN Y. ROJAS Fiscal Controller II	FELICIANA D. PASTORPIDE Fiscal Controller IV	
With in the POB: 2015 COB Expense Code: 238-20 Budget: 62,370.00 Remarks:		
Conforme: Mari Paz D. Respiro <i>Supervisor</i> / May 5, 2016 Signature over Printed Name and Position of Authorized Representative / Date Received		

PRH 2016-282
 PMA - 050114
 ACCPI - 051214

RECEIVED
 MAY 11 2016
 BY: *audh*