

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
2nd and 3rd floor, BG investment Corporation Bldg. Gov. Lim Ave.
Zamboanga City
Telephone No. (062) 992-3569
Fax No. (062) 992-2739
Purchase Order

Supplier: Z.C. 3 in One Ent
Address: Veterans Avenue, Zamboanga City
Tel./Fax No.: 991-0602
Supplier Registered with: VAT
TIN: 106-146-556-000
Please deliver to this office within 15 days (working) from receipt hereof the following:

P.O. No.: 16-01-003
Date: January 22, 2016
Mode of Procurement: Shopping

NO.	QTY.	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	set	Brake Pad for the official vehicle Toyota Hi-Ace with plate number SHY-899, Bendix ***** Nothing Follows ***** Less: 5% WHT 80.36 Less: 1% EWT 16.07 For the official vehicle Toyota Hi-Ace with plate number SHY-899	1,800.00	1,800.00 1,800.00 96.43 1,703.57
W / IN COB			Cut-Off Delivery Time: 3:00PM		

Conditions:

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval of the P.O.
4. For imported items, IMPORTANT DOCUMENTS specially showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.
5. In case of return, all expenses shall be shouldered by the supplier to and from.
6. No cancellation is allowed upon serving of P.O.

The contracting parties undertake to comply with Office Order No. 0018-2015 entitled " Reiteration of PhilHealth No Gift Policy (Revision 1" which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, 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 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,

Funds Available in the amount of: PHP 1,800.00

ROSEMIN E. DAMSID
Fiscal Controller IV

MARIA JOY A. FABELLA
Division Chief IV, MSD

Prepared by:

APPROVED:

ERWIN R. SUCIENCIA
Administrative Officer I

ROMEO D. ALBERTO
Regional Vice President
(Or Authorized Representative)

Received copy of P.O. on JAN. 27, 2016
By: _____

CONFORME:
M. P. ENRIQUEZ
Print Name and Signature of
Supplier / Representative