

**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) CO., INC. **P.O No.:** NCRP-16-02-002  
**Address:** Marco Bldg., 12 Matatag St., Brgy. Pinyahan, Diliman Quezon City **Date:** February 15, 2016  
**Tel.Fax No.:** 922-3504 **Term of Payment:** 15 Working Days  
**Supplier Registered with** \_\_\_\_\_ **Mode of Procurement:** Small Value Procurement

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 Defective Aircon LG 5TR, Split Type, Floor Mounted with Property Number: NCR-OE-12-00052 Located at NCR North Branch/ 4th flr/ Collection Section	18,850.00	18,850.00
			Less:		18,850.00
			EWT 2% :	336.61	
			FVAT 5% :	841.52	1,178.13
			Net Amount:		17,671.87
			PR #:		
			16-0046-NCR-N dtd 01/08/16		


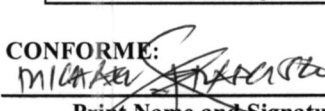
**Conditions:**

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

<b>Certified Budget Available:</b>	<b>Funds Available in the amount of: Php18,850.00</b>	
<b>JOEL P. SANTOS</b> Designated Budget Officer	<b>MARICEL J. MAGALANG</b> Fiscal Controller IV	<b>APPROVED:</b>  <b>DENNIS S. MAS, Ph. D URP</b> Vice President - PRO NCR (or Authorized Representative)
Within the COB: _____	Received copy of P.O on <u>2/26/16</u>	
Expense Code: _____		
Available Budget _____		
Remark: _____	<b>CONFORME:</b>  Print Name and Signature of Supplier/Representative	