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:	MAINTENA (MARCO) C	NCE OF AIRCONDITIONING & REFRIGERATION O., INC.	
Address:		P.U No.:	NCRP-16-02-004
Tel. Fax No: 922-3504			February 15, 2016
Supplier Registered with		Term of Payment:	15 Working Days
		Mode of Procurement:	Small Value Procuremen
Please deliver to this office within 15 working days from receipt hereof the			
NO. Q	TY UNIT	ITEM DESCRIPTION	UNIT TOTAL
			PRICE AMOUNT
1 1	l lot	Repair of Defective Aircon LG 5TR, Split Type, Floor Mounted with Property Number: NCR-OE-12-00053 Located at NCR North Branch 4th flr/ Membership Section	21,000.00 21,000.00
	,	Less: EWT 2%: 375.00 FVAT 5%: 937.50	21,000.00 1,312.50
		Ne	t Amount: 19,687.50
		PR #:	
		16-0047-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,)
C	Budget Avail	OIC, Management Service	es Division, PRO NCR

Fiscal Controller IV

Received copy of P.O on

Designated Rudget Officer

2014

842-00

F21,000.00

Provett 2002 & 2018

Within the COB:

Available Budget

Expense Code:

Remarl

DENNIS S. MAS, Ph. D URP

Vice President - PRO NCR (or Authorized Representative)

Print Name and Signature of Supplier/Representative

FRAPOSTO

CONFORME:

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