

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: RELiance PRINTING CORPORATION P.O No.: NCRP-16-03-006
 Address: 134 Quirino Highway, Baesa, Quezon City Date: March 08, 2016
 Tel.Fax No.: 362-8802-04 Term of Payment: 15 Working Days
 Supplier Registered with _____ Mode of Procurement: Shopping
 Please deliver to this office within 5 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	200	sets	Continuous Forms, 11 x 10-5/8, 2ply, plain, with side perforation, 1000 sets/box	830.88	166,176.00
			Less:		166,176.00
			EWT 1% :	1,483.71	
			FVAT 5% :	7,418.57	8,902.28
			Net Amount:		157,273.72
			PR #:		
			16-0126-NCR-C dtd 02/09/16		

- Conditions:
- The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.
 - 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.
 - Render your bills in triplicate copies including the original.
 - 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.
 - 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: <u>2016</u> Expense Code: <u>774-16</u> Available Budget: <u>P 166,176.00</u> Remark: <u>Plan # 2012-2015</u>		Funds Available in the amount of: Php166,176.00 <u>MARICEL J. MAGLALANG</u> Fiscal Controller IV	APPROVED: <u>DENNIS S. MAS, Ph. D URP</u> Vice President - PRO NCR (or Authorized Representative)
		Received copy of P.O on <u>3-16-16</u>	CONFORME: <u>L. W. DOMINICAN</u> Print Name and Signature of Supplier/Representative