

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: FIVE STALLON TRADING P.O No.: NCRP-16-03-008
Address: 267 San Vicente St. Binondo Manila Date: March 08, 2016
Tel.Fax No.: 242-9249 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	7088	pcs	Ballpoint Pen, Fine Point, Black	18.00	127,584.00
2	11082	pcs	Ballpoint Pen, Fine Point, Blue	18.00	199,476.00
3	912	pcs	Ballpoint Pen, Fine Point, Red	18.00	16,416.00
4	100	pcs	Ballpoint Pen, Fine Point, Green	18.00	1,800.00
			Less:		345,276.00
			EWT 1% :	3,082.82	
			FVAT 5% :	15,414.11	18,496.93
				Net Amount:	326,779.07
			PR #:		
			16-0087-NCR-P dtd 01/22/16		

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

Certified Budget Available: <u>JOEL P. SANTOS</u> Designated Budget Officer	Funds Available in the amount of: Php345,276.00 <u>MARICEL J. MAGLALANG</u> Fiscal Controller IV	APPROVED: <u>DENNIS S. MAS, Ph. D URP</u> Vice President - PRO NCR (or Authorized Representative)
Within the COB: <u>2016</u> Expense Code: <u>774-10</u> Available Budget: <u>345,276.00</u> Remark: <u>March 2016</u>	Received copy of P.O on _____	CONFORME: <u>BRIAN / BELEN</u> Print Name and Signature of Supplier/Representative

3-15-16