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

Supplie	er:	QUA	LITY CO	DRRUGATED BOX MANUFACTURING CORPORATION P.O No.	: NCRP	-16-03-010	
		Warehouse #5 Avocado St. Bagbaguin, Valenzuela City Date					
Tel.Fax No.: 445-7684 Term of Payment							
Supplier Registered with Mode of Procurement							
Please deliver to this office within15 working days from receipt						e following	
NO.	QT	Y	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	16,00	01	set	Box, Corrugated, plain 200 lbs, B Flute, HSC, Self-lock, glued Joint, Size: Body: 14-15/16 x 11-1/4 x 10-3/16, Cover: 16-1/2 x 26-1/8	19.50	312,019.50	
				Less: EWT 1%: 2,785.89 FVAT 5%: 13,929.44		312,019.50 16,715.33	
				PR #:	let Amount:	295,304.17	
			1	16-0100-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: Funds Available in the amount of: Php312,019.50 APPROVED: JOEL P. SANTOS **DENNIS S. MAS, Ph. D URP** Designated Budget Officer Fiscal Controller IV Vice President - PRO NCR (or Authorized Representative) Within the COB: **Expense Code:** Received copy of P.O on CONFORME: ~ c ~ J Available Budget MATILADITO C. MATILIANIA Remark MAMMANTO C. MUTHUS MY **Print Name and Signature** 3/17/16 of Supplier/Representative