

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: NEW A.G. STYLIST FURNITURE P.O No.: NCRP-16-04-001
 Address: 132 A & B Aurora Blvd., San Juan, Metro Manila Date: April 6, 2016
 Tel.Fax No.: 724-8156 / 744-3616 Term of Payment: 15 Working Days
 Supplier Registered with _____ Mode of Procurement: Small Value Procurement
 Please deliver to this office within 5 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	21	units	Push Cart; Heavy Duty, 300kg	2,900.00	60,900.00
			Less:		60,900.00
			EWT 1% :	543.75	
			FVAT 5% :	2,718.75	3,262.50
			Net Amount:		57,637.50
			PR #:		
			16-0195-NCR-P dtd 03/02/16		

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 C. LANTORIA

OIC, Management Services Division, PRO NCR

Certified Budget Available: JOEL P. SANTOS Designated Budget Officer	Funds Available in the amount of: Php60,900.00 MARICEL J. MAGLALANG Fiscal Controller IV	APPROVED: DENNIS S. MAS, Ph. D URP Vice President - PRO NCR (or Authorized Representative)
Within the COB: <u>2016</u> Expense Code: <u>228-10</u> Available Budget: <u>P60,900-</u> Remark: <u>20025-195</u>	Received copy of P.O on <u>04-13-16</u>	CONFORME: <u>Francis Madala</u> Print Name and Signature of Supplier/Representative