## 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	_		STYLE TRADE			/ 1	P.O No.:	NCRP-	16-04-003
Address			CEDAR Executive	Bldg., No.20	6 Timog Ave., Cor. Sct.	Tobias,			
Date									
Term of Layment								15 Working Days Small Value Procurement	
						wiode of Procu	rement:	Small Valu	e Procurement
Please deliver to this office within 5 working days from receipt hereo									efollowing
NO.	QTY	UNIT		IT	TEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1	2	units	Refriger	ator; 6.0 c	u.ft., Semi-Automa	tic, Single Do	or	11,500.00	23,000.00
			Less:	1%:	205.36				23,000.00
			FVAT		1,026.79				1,232.15
							N	et Amount:	21,767.85
			PR #:				=		
			16-0197-NCR-P	ltd 03/02/16					
<ol> <li>The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.</li> <li>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.</li> <li>Render your bills in triplicate copies including the original.</li> <li>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.</li> <li>For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.</li> </ol>									
DIODE G. LANTORIAS									\$8
OIC, Management Services Division, PRO NCR									
Certified Budget Available: Funds Available in the amount of: Php23,000.00							APPROVED:		
JOEL P. SANTOS Designated Budget Officer				MARICEL J/MAGLALANG  Fiscal Controller IV			DENNIS S. MAS, Ph. D URP Vice President - PRO NCR (or Authorized Representative)		
Within the COB:									/ sentative)
Expense Code: VX Received copy of P.O on CONFORME:									
	e Budget	P	23,000-		4-19-14 NACAK				· )
Remark   Pront wo zeros   7-10-10   Print Name and of Supplier/Rep									0
					I .		oi Supi	pner/Repres	entative