

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: TOYOTA MAKATI, INC.

Address: Ayala corner Metropolitan Avenues, Makati City

Tel.Fax No.: 897-3333 loc. 110

Supplier Registered with _____

P.O No.: NCRP-16-04-004

Date: April 6, 2016

Term of Payment: 15 Working Days

Mode of Procurement: Small Value Procurement

Please deliver to this office within 15 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Change Oil of Service Vehicle with Plate Number SLD 652 (including labor, materials & supplies)	8,380.00	8,380.00
			Less:		8,380.00
			EWT 2% :	149.64	
			FVAT 5% :	374.11	
					523.75
			PR #: _____	Net Amount:	7,856.25
			16-0218-NCR-N dtd 03/08/16		

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: Php8,380.00

JOEL P. SANTOS

Designated Budget Officer

MARICEL J. MAGLALANG

Fiscal Controller IV

APPROVED:

DENNIS S. MAS, Ph. D URP

Vice President - PRO NCR
 (or Authorized Representative)

Within the COB: 2016

Expense Code: 41200

Available Budget Php 8,380.00

Remark: month 2012 & 2015

Received copy of P.O on

5 4 16

CONFORME:

Print Name and Signature
 of Supplier/Representative