

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: SUPERSERVE CORPORATION P.O No.: NCRP-16-05-018
Address: 18 Mother Ignacia Ave., Paligsahan, Quezon City Date: May 27, 2016
Tel.Fax No.: 332-1209 Term of Payment: 15 Working Days
Supplier Registered with Philgeps 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	12	units	VACUUM CLEANER, Handheld	2,150.00	25,800.00
			Less:		25,800.00
			EWT 1% :	230.36	
			FVAT 5% :	1,151.79	1,382.15
			Net Amount:		24,417.85
			PR #:		
			16-0213 NCR-P dated March 8, 2016		

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: Php25,800.00 <u>MARICEL J. MAGLALANG</u> Fiscal Controller IV	APPROVED: <u>CHERYL W. PEÑA</u> OIC - PRO NCR (or Authorized Representative)
Within the COB: <u>2016</u> Expense Code: <u>238-10</u> Available Budget: <u>P 25,800.00</u> Remark: <u>Prm # 2022115</u>	Received copy of P.O on <u>5-30-16</u>	CONFORME: <u>5/30/16</u> <u>DAVID DELA CRUZ</u> Print Name and Signature of Supplier/Representative