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

A 4.1	P.O N				.: NCRP-16-05-019	
Address: B 73 L26 Purok 2, B. Buhay II, San Jose Del Monte City, Bulacan Date:						
Tel.Fax No.: 668-0630 Supplier Registered with DTI / Philgeps Mode				of Payment: 15 Working Days		
			DTI / Philgeps Mode of Procureme		ue Procurement	
				ceipt hereof th		
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	
1	16	pcs	Wooden Frame with Glass A4 Size	590.00	9,440.00	
2	12	pcs	Wooden Frame with Glass 31" x 25"	1,983.00	23,796.00	
			Less: EWT 1%: 296.75		33,236.00	
			FVAT 5%: 1,483.75		1,780.50	
				Net Amount:	31,455.50	
			PR #:			
Conditio			16-0119 NCR-P dated Feb 2, 2016			
Conditio	iis:					

Supplier:

- 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.

LRRB GRAPHIC DESIGN SERVICES

- 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: /Php33,236.00 APPROVED: el alm au June au JOEL P. SANTOS CHERYL W. PENA Designated Budget Officer Fiscal Controller IV OIC - PRO NCR (or Authorized Representative) Within the COB: 2016 **Expense Code:** 767-00 Received copy of P.O on CONFORME Available Budget F 33, 236.00 June 01, 20/6 Ver Remarl My Mon Hours Print Name and Signature of Supplier/Representative