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: THE VALUE SYSTEMS PHILS., INC Address: P.O No.: NCRP-16-06-004								
Addre	ss: 343							
	A 110 /10							
Suppli	er Registe	red with		Term of Payment: 15 Working Days Indee of Procurement: Shopping				
Pleas	se delive	Shopping pt hereof the following						
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT			
1	8	units	Rack for Hub/Router, cabinet type	9,660.00	77,280.00			
1	3	units	Server Rack	42,126.00	126,378.00			
			Less: EWT 1%: 1,818.38 FVAT 5%: 9,091.88		203,658.00			
				Vet Amount:	10,910.25 192,747.75			
Conditio	ns:	-	15-0203 NCR-P dated March 11, 2015					
1. The supplier shall strictly								

- 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 yo	ours,
			DIODE G. LANTORIA
Certified Budget Available:	Funda Assallata	OIC, N	Management Comicas Della Inc.
JOEL P. SANTOS Designated Budget Officer	MARIO	in the amount of: Php203,6 My (// CEL J. MAGILALANG iscal Controller IV	CHERYL W. PEÑA OIC - PRO NCR
Within the COB: 1015.CA Expense Code: 138-70 Available Budget 7203,666.00 Remarl 1015 approved confin		Received copy of P.O on	CONFORME: UKACO L- UKACO Print Name and Signature
			of Supplier/Representative