

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: **CITIPAPER INC**

P.O No.: **NCRP-16-07-004**

Address: **Suite 272 Comfoods Bldg., Gil J. Puyat Ave., Makati City**

Date: **July 8, 2016**

Tel.Fax No.: **812-24-45**

Term of Payment: **15 Working Days**

Supplier Registered with **SEC / 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 | 2600 | sets | Box, Corrugated, plain, 200 lbs, B Flute, HSC, Self Lock, glued joint Body: 14 15/16 x 11 1/4 x 10 3/16 Cover: 16 1/2 x 26 1/8 | 24.00 | 62,400.00 |
| | | | Less: | | 62,400.00 |
| | | | EWT 1% : 557.14 | | |
| | | | FVAT 5% : 2,785.71 | | 3,342.86 |
| | | | Net Amount: | | 59,057.14 |
| | | | PR #: | | |
| | | | 16-0470 NCR-P dtd June 1, 2016 / 06-0367 NCR-P dtd April 25, 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

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|--|---|---|
| Certified Budget Available: | Funds Available in the amount of: Php62,400.00 | APPROVED: D CHERYL W. PEÑA P OIC - PRO NCR (or Authorized Representative) 7/14/16 |
| JOEL P. SANTOS Designated Budget Officer | MARICEL J. MAGLALANG Fiscal Controller IV | |
| Within the COB: _____ | Received copy of P.O on | CONFORME JOHN ALMADO |
| Expense Code: _____ | JULY 18 2016 | Print Name and Signature of Supplier/Representative |
| Available Budget _____ | | |
| Remark _____ | | |