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: ATR MULTITRADE CONCEPT INC.								
Address: 223 Riverside drive Provide Avive					P.O No	: NCRI	P-16-07-005	
Address: 223 Riverside drive, Provident Village, Marikina city 570-4867					Date: July 8, 2016			
Supplier Registered with SEC/Philg					Term of Payment: 15 V		Working Days	
				ps	Mode of Procurement	:	Duys	
		T	office within	in 5 working days from		receipt hereof the following		
NO	QTY	UNIT		ITEM DESCRIPTION		UNIT	TOTAL	
						PRICE	AMOUNT	
1	703	pcs	Data File Folder, wir	th finger ring and cle m x 229mm x 381mn	ear plastic pocket for 1 (3'x9'x15')	94.74	66,602.22	
			Less:				66,602.22	
		7	EWT 1%	504.66			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			FVAT 5%	574.00				
				2,973.31			3,567.98	
					N	et Amount:	63,034.24	
			PR #:				00,004.24	
Conditions:								
 The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation. 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. Render your bills in triplicate copies including the original. 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. 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							m/	
Certi	fied Budge	et Availal	ble: Funds Available	OIC, Management Services Division, PRO NCR				
	JOÉL P. SA signated Bud		MARI	MARICEL J. MAGLALANG Fiscal Controller IV		I CHERYL W. PEÑA P		
	he COB:				(or Authorized Representative)			
Expense Code:								
temori 7								
Print Name and Signature								
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of Supplier/Representative