

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: BIOSPHERE CONSTRUCTION & SUPPLIES INCORPORATED P.O No.: NCR-16-07-008
 Address: 172 Wilson st., Maytunas, San Juan City Date: _____
 Tel.Fax No.: 725-2772 Term of Payment: 15 Working Days
 Supplier Registered with SEC / Philgeps Mode of Procurement: Small Value Procurement
 Please deliver to this office within 5 working days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	70	tubes	HARDWARE SUPPLY, Flourescent Tube, 14w, T5	57.68	4,037.60
			Less:		4,037.60
			EWT 1% :	36.05	
			FVAT 5% :	180.25	216.30
			Net Amount:		3,821.30
			PR #:		
			16-0439 NCR-P dtd May 20, 2016		


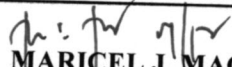
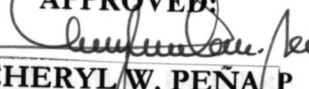
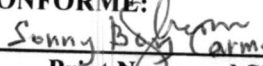
Conditions:

- 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

OIC, Management Services Division, PRO NCR

Certified Budget Available: <div style="text-align: center;">  JOEL P. SANTOS Designated Budget Officer </div>	Funds Available in the amount of: Php4,037.60 <div style="text-align: center;">  MARICEL J. MAGLALANG Fiscal Controller IV </div>	<div style="text-align: center;"> APPROVED:  D. CHERYL W. PEÑA OIC - PRO NCR (or Authorized Representative) </div>
Within the COB: _____ Expense Code: _____ Available Budget _____ Remark: _____	Received copy of P.O on <div style="text-align: center;"> 7-18-16 </div>	CONFORME: <div style="text-align: center;">  Sonny B. Carmona Print Name and Signature of Supplier/Representative </div>