

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: MAINTENANCE OF AIRCONDITIONING & REFRIGERATION CO., INC. (MARCO) **P.O No.:** NCR-16-07-010
Address: Marco Bldg., 12 Matatag St., Bgy. Pinyahan, Diliman, QC **Date:** July 8, 2016
Tel.Fax No.: 922-3504 **Term of Payment:** 15 Working Days
Supplier Registered with SEC / Philgeps **Mode of Procurement:** Small Value Procurement
Please deliver to this office within 15 working days **from receipt hereof the following**

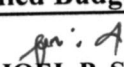
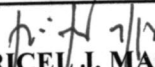
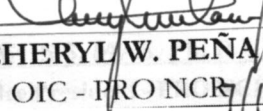
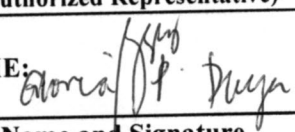
NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	lot	Repair of One (1) LG Air Conditioning Unit 2.5HP Wall Mounted; S/N: 304HAFM00043		17,000.00
			Less:		17,000.00
			EWT 2% :	303.57	
			FVAT 5% :	758.93	1,062.50
			Net Amount:		15,937.50
			PR #:		
			16-0524 dtd June 15, 2016		

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

Certified Budget Available:	Funds Available in the amount of: Php17,000.00	APPROVED:
 JOEL P. SANTOS Designated Budget Officer	 MARICEL J. MAGLALANG Fiscal Controller IV	 CHERYL W. PEÑA OIC - PRO NCR (or Authorized Representative)
Within the COB: _____	Received copy of P.O on <u>July 18, 2016</u>	CONFORME:  Print Name and Signature of Supplier/Representative
Expense Code: _____		
Available Budget: _____		
Remark: _____		