

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: TOYOTA MAKATI INC P.O No.: NCR-16-08-004
Address: Ayala Corner Metropolitan Ave., Makati City Date: August 5, 2016
Tel.Fax No.: 897-0000 loc 110 Term of Payment: 15 Working Days
Supplier Registered with SEC Mode of Procurement: Small Value Procurement

Please deliver to this office within _____ as scheduled _____ from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Preventive Maintenance - Change Oil / Replacement of Brake Pads for Service Vehicle SHY 898		10,486.00
			Less:		10,486.00
			EWT 2% :	187.25	
			FVAT 5% :	468.13	655.38
			Net Amount:		9,830.62
			PR #:		
			16-0628NCR-P dtd July 26, 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: <u>JOEL P. SANTOS</u> Designated Budget Officer	Funds Available in the amount of: Php10,486.00 <u>MARICEL J. MAGLALANG</u> Fiscal Controller IV	APPROVED: <u>CHERYL W. PEÑA</u> OIC - PRO NCR (or Authorized Representative)
Within the COB: Expense Code: _____ Available Budget _____ Remark _____	Received copy of P.O on _____ 8-25-16	CONFORME: <u>JOSEPH S. RAMON</u> Print Name and Signature of Supplier/Representative