

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: ZAB ENTERPRISES P.O No.: NCR-16-08-007
 Address: 2144 Santisima Trinidad St., Sampaloc, Manila Date: August 5, 2016
 Tel.Fax No.: 523-1031 Term of Payment: 15 Working Days
 Supplier Registered with DTI 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 | 636 | pcs | Ballpoint Pen, Fine Point, Black | 18.75 | 11,925.00 |
| 2 | 508 | pcs | Ballpoint Pen, Fine Point, Blue | 18.75 | 9,525.00 |
| 3 | 180 | pcs | Ballpoint Pen, Fine Point, Red | 18.75 | 3,375.00 |
| 4 | 25 | pcs | Clipboard, for Legal Size document | 38.00 | 950.00 |
| Less: | | | | | 25,775.00 |
| EWT 1% : | | | | | 230.13 |
| FVAT 5% : | | | | | 1,150.67 |
| Net Amount: | | | | | 24,394.20 |
| PR #: | | | | | |
| 16-0367 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: <div style="text-align: center;"> <u>JOEL P. SANTOS</u> Designated Budget Officer </div> | Funds Available in the amount of: Php25,775.00 <div style="text-align: center;"> <u>MARICEL J. MAGLALANG</u> Fiscal Controller IV </div> | <div style="text-align: center;"> APPROVED: <u>CHERYL W. PENAR</u> 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: right;"> CONFORME: <u>BUNDI</u> Print Name and Signature of Supplier/Representative </div> | |