

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: ZOJO REFRIGERATION AND AIR CONDITIONING SERVICES

P.O No.: NCR-16-08-014

Address: 3323 H.Carlos Bldg., Jennys Avenue, Rosario Pasig City

Date: August 25, 2016

Tel.Fax No.: 570-3794

Term of Payment: 15 Working Days

Supplier Registered with DTI

Mode of Procurement: Small Value Procurement

Please deliver service to this office within 10 calendar days from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	Lot	Repair of one (1) Unit 5TR, KOPPEL Brand, Floor Mounted AC (LHIO-QC)		45,000.00
			Less:		45,000.00
			EWT 2% : 803.57		
			FVAT 5% : 2,008.93		2,812.50
			Net Amount:		42,187.50
			PR #:		
			16-0561 NCR-C dated June 30, 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: Php45,000.00		APPROVED:	
<u>JOEL P. SANTOS</u> Designated Budget Officer		<u>MARICEL J. MAGLALANG</u> Fiscal Controller IV		<u>DENNIS S. MAS, Ph. D URP</u> Vice President - PRO NCR (or Authorized Representative)	
Within the COB: <u>2016</u>		8,30 2016		CONFORME: <u>Joseph T. Deluna</u> Print Name and Signature of Supplier/Representative	
Expense Code: <u>502-00</u>		Received copy of P.O on			
Available Budget <u>P 45,000</u>					
Remark: <u>Item # 2016</u>					