## 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:		LRRB GRAI	PHIC DESIG	P.O No.:	NCRP-16-09-010						
Addres	s:	Blk. 73 Lot 2	6 Purok 2, B	agong Bu	ong Buhay II, San Jose Del Monte City Bulacan			Date:	September 26, 2016		
Tel.Fax No.: 507-3008					Term of Pa				15 working days		
Supplier Registered with				D	DTI Mode of P			rocurement:	: Small value Procurement		
Pleas	se deli	iver to this	office withi	n	7n/15 wo	rking days		from receip	t hereof the	following	
NO.	QT	Y UNIT			ITEM	DESCRIPTION	V		UNIT PRICE	TOTAL AMOUNT	
1	10	0 pcs			T-shirt for Elderly Week					22,000.00	
			Less:	EWT FVAT	2% : 5% :	392.8 982.1				22,000.00 1,375.00	
								N	et Amount:	20,625.00	
			PR #:								
			16-0777-N	CR-P date	ed September 7	, 2016					
Condition	ons:										

- 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,	_	DE G. LANTORIA
			OIC, Mar	nagemei	nt Services Division, PRO NCR
Certified Budget Available:	Funds Available i	n the amount of:	Php22,000.0	00	APPROVED:
JOEL P. SANTOS  Designated Budget Officer		MARICUL S. MAGLALANO Fiscal Controller IV			DENNIS S. MAS, Ph. D URP Vice President - PRO NCR
Within the CQB:  Expense Code:  Available Budget:  PBR # 2002	0 .00 .00	Received copy of	P.O on 6, ≥8/6 -		ORME:  Print Name and Signature of Supplier/Representative