## 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**

очррис		KB GKAP	PHIC DESIG	GN SER	VICES				P.O No.:	NCRP	P-16-09-011	
Addres Tel.Fax	ss: <u>Blk.</u> x No.: 507	. 73 Lot 26	6 Purok 2, E	Bagong I	Buhay II, S	San Jose Do	el Monte Ci		Date:		ber 26, 2016	
Supplier Registered with					DTI			Term of Payment:				
					DII			Mode of Procurement:		Small valu	Small value Procurement	
Please deliver to this office within					5 working days from re				rom receir	receipt hereof the following		
NO.	QTY	UNIT			I	TEM DESC	CRIPTION			UNIT PRICE	TOTAL AMOUNT	
1	16	pcs	Tar	paulin	for Elect	Electronic Premium Remittance System				216.00	3,456.00	
			Less:	EWT FVAT	2%: 5%:		61.71 154.29				3,456.00 216.00	
									- N	et Amount:	3,240.00	
			PR #:									
Condition			16-0779 NO	CR-P dat	ed Septeml	ber 7, 2016						
<ol> <li>The supplier shall strictly comply with the terms of reference or specifications prescribed by the Corporation.</li> <li>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.</li> <li>Render your bills in triplicate copies including the original.</li> <li>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.</li> <li>For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.</li> </ol> Very truly yours,												
OIC, Management Servi									CES Division			
Certified Budget Available: Fun				unds A	1			Php3,456.00	APPROVED:			
JOEL P. SANTOS Designated Budget Officer				MARICEL WMAGLALANG Fiscal Controller IV					DENNIS S. MAS, Ph. D URP  Vice President - PRO NCR  (or Authorized Representative)			
Within the Expense C Available Remark:	Code:	P3	-00 ,45 G . C		7 20V	1	copy of P.		NFORME:	: 17/17/1	DE VENA	
Available		P3	,45 G. C		7 20K	1			LOCI			

of Supplier/Representative