

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: SUPERSERVE CORPORATION

P.O No.: NCRP-16-10-002

Address: 18 Mother Ignacia St., Paligsahan Quezon City

Tel.Fax No.: 332-1209

Date: October 3, 2016

Supplier Registered with SEC /Philgeps

Term of Payment: 15 working days

Mode of Procurement: Small Value Procurement

Please deliver to this office within 5 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	22	units	Electric Mobile Air Purifier/Dehumidifier	1,250.00	27,500.00
2	72	units	Oil Refill for Air Purifier/Dehumidifier	250.00	18,000.00
			Less:		45,500.00
			EWT 1% :	406.25	
			FVAT 5% :	2,031.25	2,437.50
			Net Amount:		43,062.50
			PR #:		
			16-0264 NCRP dated March 18, 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: JOEL P. SANTOS Designated Budget Officer	Funds Available in the amount of: <u>Php45,500.00</u> MARICEL J. MAGLALANG Fiscal Controller IV	APPROVED: DENNIS S. MAS, Ph. D URP Vice President - PRO NCR (or Authorized Representative)
Within the COB: <u>2016</u> Expense Code: <u>Trust Liabilities</u> Available Budget: <u>45,500.00</u> Remark: <u>CSC - cash reward</u>		Received copy of P.O on _____ CONFORME: <u>Paulo Dela Cruz</u> 10-7-16 Print Name and Signature of Supplier/Representative