

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: COLENT DIVERSIFIED PRODUCTS INC. P.O No.: NCRP-16-10-008

Address: 210 Speaker Perez cor Del Monte Brgy Del Monte, Quezon City Date: October 13, 2016

Tel.Fax No.: 412-4317 Term of Payment: 15 working days

Supplier Registered with SEC / Philgeps 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	5	units	Evaporator, Air coller, voltage 220v-60Hz, input power, 250 watts	13,995.00	69,975.00
			Less:		69,975.00
			EWT 1% :	624.78	
			FVAT 5% :	3,123.88	3,748.66
			Net Amount:		66,226.34
			PR #:		
			16-0838-NCR-P dated September 22, 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: <u>Php69,975.00</u>	APPROVED:  DENNIS S. MAS, Ph. D URP Vice President - PRO NCR (or Authorized Representative)
JOEL P. SANTOS Designated Budget Officer	MARICEL J. MAGLALANG Fiscal Controller IV	
Within the COB: <u>2016</u>	Received copy of P.O on _____	CONFORME: <u>NIKRO FIRD 10/17/16</u> Print Name and Signature of Supplier/Representative
Expense Code: <u>238-10</u>		
Available Budget: <u>P 69,975.00</u>		
Remark: <u>prorati 2016-2017</u>		