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	r: <u>SY</u> N	VERGY 6	RAFIX	RP			P.O No.:	NCRP-	16-10-009
Address	. 230	Octagon	Ave Brov	Dela Pas	z. Pasig Ci	tv	Date:	Octobe	r 13, 2016
Address: 239 Octagon Ave., Brgy. Dela Tel.Fax No.: 647-9154					Term of Paymen				
							•	: Small Value Procurement	
• • •			ffice within			working days		ot hereof the	
NO.	QTY	UNIT			ITEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1	4,300	pcs			DES	KTOP PLANNER		25.95	111,585.00
			-						111,585.00
			Less:						
				EWT	2%:	1,992.59			
				FVAT	5%:	4,981.47			6,974.06
								Vet Amount:	104,610.94
			DD #.					Ŧ	
			PR #:	CD D date	ed August 4	2016		1	
Conditi			10-00/1 N	CK-I date	d August 4	, 2010	111		
2. The (Corporatio	n shall in	y comply w npose penal delay as lic	ty in an a	mount equ	erence or specifications praivalent to 1/10 of 1 perce	escribed by the Connt of the total value	rporation. e of undeliver	ed
3. Rend	ler your bi	lls in trip	licate copies	includir	g the original	inal.			
4. If the	date of re	eceipt of t	he P.O. by t	he dealer	r is not ind	licated, it shall be deemed	received on the 15	th Working	
day f	from the da	ate of the	approval of	the P.O.				. 0.1	
5. For i	mported it	tems, IMF	PORTATIO	N DOCU	MENTS s	specifically showing the co	ondition, serial num	ibers of the	
equip	pment pure	chased, an	nd tax recei	ots, shoul	ld be subm	nitted by the supplier.			
						Very truly	yours,	2.	
								G. LANTORIA M	
							OIC, Management Se		
Certified Budget Available: Funds					vailable	in the amount of: Php1	11,585.00	APPRO	OVED:
/ 1					My / 18/15/100				
JOEL P. SANTOS				141111111111111111111111111111111111111			NNIS S. MAS, Ph. D URP		
Designated Budget Officer				risear controller 1			Vice President - PRO NCR or Authorized Representative)		
Within	the COB:	\ \frac{1}{2}	1014					11	epresentative)
Expense Code: &u3-W						Received copy of P.O o	n CONFORM		
Availa	ble Budge	t:	P111. 585	.~			for Mi	ary ANN SI	ADIOWI

007. 24,2016

Remark

Print Name and Signature

of Supplier/Representative