Philippine Health Insurance Corporation 709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158 637-4735

				F	URCH	ASE OR	DER					
Supplier: 16/35MM PRODUCTION SUPPLY								Purchase	Order No.:	07-093-17		
Address: UG 22 & 23 Star Centrum Bldg. # 35 Sen. Gil Puyat Ave., Makati City							City		Date:		July 6, 2017	
Tel.Fax 1								Term o	of Payment:	On Account		
Supplier	Registere	d with:	PHILHEALTH					Mode of Procurement: Shopping		oping		
Plea	se deliver	to this o	ffice within 30 working days					from receipt hereof the following				
NO.	QTY	UNIT	ITEM DESCRIPTION							UNIT PRICE	TOTAL AMOUNT	
1	10	CA	Toner Cartridge	oner Cartridge for Panasonic KXXMB-2170 (KXFAT-742)						1,380.00	13,800.00	
			PR#	h14 - 0000	LESS:	ewt GMP	1% 5%	123.21 616.07			13,800.00 739,28 13,060.72	
	Conditions		17-0114 dtd. 02-14			n one (1%)	percen	t of the total	value of unde	livered order for	each day	
of the c 2. If the d have b	telay as tio ate of rece een receiv	uidated d cipt of the ed by a re	smages. Purchase Order (P. presentative either	O.) by the o	lealer is n	ot indicated	i, it sha	li be deemed	received on	the day it was a	cknowledge to	
least tw (MWF) 4. Deliver 5. Defecti With pr 6. The co which is from an where s office or	o (2) days . All item(s y Receipt: ve, incomp ovision for ntracting p deemed i y person, s such gift is Influence	before the	s) shall be made with a delivery. Use of eldelivered and accellivered and accellivered shall be remon-compliant of good unit in case of repetative to comply with a course of official so of directors or error of officials.	levator shall pited by the quired for or or ods as to spair. It not office or the call entity, will duties or wapployees, or	I only be f PSMD at ne-time co pecification der No. 0 ealth pers hether fro which in co	rom 09:00 15th Floor complete de on when qui 018-2015 connel shall on the publi connection ve	to 11:30 , Room livery of oted sha entitled (solicit, of ic or privith any noe of a	a.m. and 1:: 1501 Cityste the goods. all be rejected Reiteration of demand, or a vate sector, a transaction of conflict of interests	30 to 3:00 p.n ate Ctr. Bidg., d and returned of Philhealth N accept, directive at anytime, on which may affi	n. during Mon/M Pasig City. d at the time of the Gift Policy (Reg or Indirectly, a or off the work	/ed/Fri delivery. evision 1) ny gift premises	
/. Wailali	ity security	y Ot 126 OI	gross amount (Sect	ion 62. War	ranty of 2		y truly					
ELYE										ROXAS ve Officer III		
Certified Bud	iget Available	=	Funds Available in the a	amount of:	Php1	3,800.00	I A	PPROVED:	Auministrativ	re officer iii		
-	HULL THERESE I	M. F		12	ARCENA	15		\ <		^		

Fiscal Controller III Fiscal Controller III breun de 中13,800. 2017 Within the COB: Expense Code: 774-50 17 Supplied Budget: \$13,800 STOP #7

Remarks: Character for OSSP-OCOD for HEAD OF THE AGENCY, HEAD OF TIME.... or Authorized Representative Signature over Printed Plane and Position of authorized representative CONFORME: Received copy of P.O.: July 12, 2017