REPUBLIC OF THE PHILIPPINES

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

-		ATTCU E	.TEDDD15F5	P	URCHA	SE ORI	DER	Purchase Ord	er No.: _	07-10		
Supplier:	BARC	RCOTECH ENTERPRISES 7 Sampaguita St. Ph 2 Greenland Village, Cainta Rizal							Date: _	July 19, 2017		
ddress:								Term of Pa	-	On Account		
Tel.Fax N		: 631-6960 gistered with: PHILH			EALTH			Mode of Procurement:		Small Value Procurement		
		٠	fice within	2	0 workin	g days		_ from rece	elpt hered	of the following		
NO.	QTY	UNIT			ITEM DE	SCRIPTIO	ON .			UNIT PRICE	TOTAL AMOUNT	
			A A DOODE BRINTED							31,050.00	31,050.00	
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			Brand /Model: 2	Zebra GC4	201							
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	1	1	Note: One (1) y	year Limite	d Warrant	y on paris	P 261 AICE	•				
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of the 2. If the have 3. Deliv least I (MW 4. Deliv 5. Defe With 6. The which from where	date of re- been rece ery of the state of th	iliquidated ceipt of the ived by a above iten (s) shall bot and Sak mpatible of for a back a parties u d incorpor n, group out is given it	penalty in an amoudamages. a Purchase Order (representative eithn(s) shall be made the delivered and access invoice shall be r non-compliant of our unit in case of indertake to comply ated into this Contra association, or jurn the course of officions of directors or of gross amount (S	(P.O.) by the er through f within the p f elevator shocepted by the required for goods as to repair. y with Office tract. No Phidical entity cial duties of the property of t	e dealer is ax or e-ma rescribed thail only be the PSMD or one-time to specificate order No. Withealth per, which in or create	not indicate ill schedule di from 09:0 at 15th Flocomplete cion when could be connected the appear of 2016 Rev	ed, it shall ates. Supp 0 to 11:30 or, Room lelivery of quoted shall sentitled (all solicit, of ablic or prival n with any rance of a	plier are advise a.m. and 1:30 1501 Citystate the goods. all be rejected a Reiteration of I demand, or ac- vate sector, at transaction with conflict of inte- if RA 9184).	eceived or ed to infor to 3:00 p e Ctr. Bidg and return Philhealth cept, dire- anytime, nich may a	m Procurement m. during Mon/ g., Pasig City. and at the time of No Gift Policy (city or indirectly, on or off the woll)	acknowledge to Section at Wed/Fri of delivery. Revision 1) any gift or premises	
			•						ELY	E. RÓXAS		
					J				Administr	ative Officer III		
Certified		N M. TABI		LYNi Fisca		r III		APPROVED:	en d	e G Eu	u	
Within t Expense Budget:	-	2017 238-20 931,051	(It equipment)	,	0,1 %				HEAD C	OF THE AGENCY A		

CONFORME:

MARY ROSE A. ZORNOSA
Signature over Printed Name and Position of authorized

representative

Received copy of P.O.:

08-02-17 Date