## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation Conceptate Center Blda.

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

## **PURCHASE ORDER**

					ı	PURCH	ASE UK	DER			
Supplier:	AJA REGISTRARS INC.								Purchase Order No.:	07-054-18	
Address:									Date:	July 9, 2018	
Tel.Fax No.	el.Fax No.: 850-2040, 850-2204, 850-2288								Term of Payment:	On Account	
Supplier Re	er Registered with: PHILHEALTH						Mode of Procurement:	Direct Contracting			
Please	deliver	to this c	office with	nin _	1	0 worki	ng days		from receipt here	of the followin	g
NO.	QTY	UNIT	INIT ITEM DESCRIPTION							UNIT PRICE	TOTAL AMOUNT
1	132	sets	ISO 9001	:2015	REGISTRATIC	N CERTIFI	CATE AND	SCHED	ULE	3,700.00	488,400.00
											488,400.00
						LESS:	EWT GMP	1% 5%	4,360.71 21,803.57		26,164.28
							01411	570	21,000.07		462,235.72
			RIV #								
			18-0313	dtd.	07/05/18	OSDO					
<ol> <li>If the date representa</li> <li>Delivery of delivery. L at 15th Flo</li> <li>Delivery Ro</li> <li>Defective, time of del</li> <li>The contrainto this C from the p</li> </ol>	of receiptive either the above the a	t of the Pur or through for the item(s) sevator shall in 1501 City d Sales Invitible or non the provision ties underta No Philheal private sect	chase Orde ax or e-mail hall be mac only be fror restate Ctr. B roice shall b -compliant of or a back- ake to comp ith personne or, at anytir	r (P.O.)  le within m 09:00 ldg. Pas er require for goods only with (el shall sne, on o	the prescribed to 11:30 a.m. a sig City ed for one-time as to specific in case of repa Office order Notolicit, demand or off the work p	s not indica d schedule of and 1:30 to e complete ation when ir. 0. 0018-201: , or accept, premises wh	ted, it shall be dates. Suppli 3:00 p.m. du delivery of the quoted shall 5 entitled Redirectly or in the re such giff	e deemedering Mon, e goods. be rejectedeiteration directly, a is given	value of undelivered order for difference on the day it was a vised to inform Procurement (Wed/Fri (MWF). All item(s) seed and returned at the of Philhealth No Gift Policy (Finy gift from any person, ground in the course of official duties or create the appearance of a	acknowledge to ha Section at least tw hall be delivered a Revision 1)" which p or association, o or in connection v	o (2) days before and accepted by the is deemed incorpor juridical entity, which any transaction
7. Warranty 9	Security of	of 1% of gro			62. Warranty		ised IRR of F	RA 9184).			
po o	7-00	٩					VE	ery truly		. ROXAS	

Php488,400.00

RENNA GRAVE PO DEL POCORED Tiscal Controller III

12 00 2018

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Funds Available in the amount of:

JOHN JEUSO

Signature over Printed Name and Position of authorized

representative

EDITHAO. RAMASTA
Fiscal Controller IV

2018

J029901002

488 ADD.

CHARGAD TO

Within the COB:

Expense Code:

CONFORME:

Remarks:

APPROVED:

Received copy of P.O.:

Administrative Officer III

Head, SBAC

HEAD OF THE AGENCY

or Authorized Representative

Date