

CONFORME: Signature over Printed Name and Position of authorized representative <i>Antonio Nolas</i> Date <u>7/27/18</u> Received copy of P.O.:		Remarks: Budget: Expense Code: 10605020 (Office Equipment) Withholding Code: 0018 Fiscal Controller III: <i>LYNIE S. ARCELA</i> CORAZON M. TABULAD Fiscal Controller III: <i>LYNIE S. ARCELA</i> Funds Available in the amount of: PPh6,500.00 APPROVED: <i>MARY ANN A. MALINIS</i> Head, SBAC HEAD OF THE AGENCY or Authorized Representative
--	--	---

Very truly yours,
ELY E. ROXAS
 Administrative Officer III

1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
 2. If the date of receipt of the Purchase Order (P.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged.
 3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 08:00 to 11:30 a.m. and 1:00 to 3:00 p.m. during Mon-Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMB at 15th Floor, Room 1501 Cinesate Ctr. Bldg., Pasig City.
 4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
 5. Delivery, incomplete or non-compliance of goods as to specification when quoted shall be rejected and returned at the time of delivery.
 6. With provision for a back-up unit in case of repair.
 7. The correcting parties undertake to comply with Office Order No. 0018-2015 entitled (PhilHealth No Gift Policy (Revision 1) from any person, group or association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or which in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
 8. Retention Fee of 1% of gross amount (GPPB Resolution No. 30-2017 or 2016 Revised IRR of RA 9184).

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	1	unit	LAMINATING MACHINE, SIZE 13" Brand/Model: ACSYS MQ 3201 Note: One (1) year warranty	6,500.00	6,500.00
			LESS: EMT 1% 65.00		348.22
			GMP 5% 325.00		6,151.78
					6,500.00

Supplier: MAITILINK SYSTEMS, INC.
 Address: Unit 401 United Cans Cor Gen. Malvar St., Tait Ave., Malate Manila
 Tel./Fax No.: 526-2120
 Supplier Registered with: PHILHEALTH
 Please deliver to this office within 10 working days from receipt hereof the following

PURCHASE ORDER
 Republic of the Philippines
 Philippine Health Insurance Corporation
 709 Citystate Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telfax No. 637-3158 637-4735
 Purchase Order No.: 07-062-18
 Date: July 24, 2018
 Term of Payment: On Account
 Mode of Procurement: Small Value Procurement