

TO: JAY BANANGA

FAX NO. :

04 Sep. 2018 09:06 P 003

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

PURCHASE ORDERSupplier: **BOC'S TRADING CO., INC.**Purchase Order No.: **08-085-18**Address: **264-66 San Vicente St., Mezzanine, Binondo, Manila**Tel./Fax No.: **241-2981**Date: **August 24, 2018**Supplier Registered with: **PHILHEALTH**Term of Payment: **(1) Account**Mode of Procurement: **Shopping**

Please deliver to this office within

15 working days

from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	19	pc	MARKER, Metallic, Gold, Small	96.50	1,833.50
2	12	pc	MARKER, Metallic, Silver, Big	96.50	1,158.00
3	162	pc	MARKER, Permanent Pen, black, broad tip, non toxic	26.50	4,028.00
4	166	pc	MARKER, Permanent Pen, Blue, broad tip, non toxic	26.50	4,399.00
5	58	pc	MARKER, Permanent Pen, Red, broad tip, non toxic	26.50	1,537.00
6	112	pc	MARKER, Permanent Pen, Black, Bullet Tip, Non-Toxic, Medium Point	26.50	2,968.00
7	82	pc	MARKER, Permanent Pen, Blue, Bullet Tip, Non-Toxic, Medium Point	26.50	2,173.00
8	36	pc	MARKER, Permanent Pen, Red, Bullet Tip, Non-Toxic, Medium Point	26.50	954.00
9	78	pc	MARKER, Whiteboard, Black	31.00	2,418.00
10	31	pc	MARKER, Whiteboard, Red	31.00	961.00
11	25	pc	GLUE, white, 473ml	275.00	6,875.00
12	1	pc	INK, for stamp pad with applicator, color black	32.00	32.00
13	10	pc	INK, for stamp pad with applicator, color blue	32.00	320.00
14	4	pc	INK, for stamp pad with applicator, color green	32.00	128.00
15	51	pc	PASTE, roll on	12.00	612.00
16	6	pc	PASTE, solid with water well and applicator, 20gsm	35.50	213.00
LESS: EWT 1% 273.30					30,609.50
PR # GMP 5% 1,366.50					1,639.80
Please see attached distribution list					28,969.70

Terms & Conditions:

- 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.
- 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 have been received by a representative either through fax or e-mail.
- 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 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PBMD at 15th Floor, Room 1501 Citystate Ctr. Bldg., Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office Order No. 0018-2016 entitled (Reiteration of Philhealth No Gift Policy (Revision 1) which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical 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.
- Warranty Security of 1% of gross amount (Section 62, Warranty of 2016 Revised IRR of RA 9184).

Very truly yours,

EKY E. ROXAS

Administrative Officer (I)

Certified Budget Available:	Funds Available in the amount of:	Php 30,609.50	APPROVED:
Therese M. Tindoy Fiscal Controller III 08-573	Lynne S. Arcenas Fiscal Controller III 30,609.50	Mary Ann A. Malinis Head, SBAC HEAD OF THE AGENCY or Authorized Representative	
Within the COB: 2418 Expense Code: 5020301001 12 Budget: 30,609.50 Remarks:	CONFORME: Allen S. Limas Signature over Printed Name and Position of authorized representative Received copy of P.O.: 09-04-18 Date		