FROM : FAX NO. : 4376404 18.11.21 9:57 P1

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3156 637-1735

PURCHASE ORDER

Supplier: FLEETSERV, INC.
Address: 2/F Chrisanyon Bldg. No. 6 12th Ave. Brgy. Socorro, Cubao, Quezon City
Tel.Fax No: 217-3829
Supplier Registered with PHILHEALTH

Purchase Order No.: 11-119-18
Date: November 14, 2018
Term of Payment: On Account
Mode of Procurement: Small Value Procurement

Please deliver to this office within 15 working days from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	3	units	TIRE, 225 X 70 X 15 Brand : Goodyear Wrangler Triplemax	7,031.00	21,093.00
			LESS: EWT 1% 188.33 GMP 5% 941.65		21,093.00 1,129.98 19,963.02
			PR # 18-0499 dtd. 09-24-18 PRID		

Terms & Conditions:
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 have been received by a representative either through fax or e-mail.
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 09:00 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 PSMD at 15th Floor, Room 1501 CityState Ctr. Bldg., Pasig City.
4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
5. 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.
6. The contracting parties undertake to comply with Office Order No. 0040 2015 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.
7. Warranty Security of 1% of gross amount (Section 62- Warranty of 2016 Revised IRR of RA 9184).

11-355
10-11-04

Very truly yours,

ELY E. ROXAS
Administrative Officer

Certified Budget Available:
THERESE M. TINDOY
Fiscal Controller III

Funds Available in the amount of: Php21,093.00
LYRIE S. ARCENAS 11/19/18
Fiscal Controller III
₱21,093

APPROVED:
11-20-18
JOSEPH O. VERGARA
Head, SBAC
HEAD OF THE AGENCY
or Authorized Representative

Within the COB: 2018
Expense Code: 50203010 01
Budget: ₱21,093 PHMD
Remarks:

CONFORME:
Merle C. Engat / OIC Corporate Accounts
Signature over Printed Name and Position of authorized representative

Received copy of P.O.:
NOV 20, 2018
Date

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 ORDER

Supplier: FLEETSERV, INC. Purchase Order No.: **11-119-18**
Address: 2/F Chrisasyon bldg. No. 6 12th Ave. Brgy. Socorro, Cubao, Quezon City Date: November 14, 2018
Tel.Fax No.: 217-3829 Term of Payment: On Account
Supplier Registered with PHILHEALTH Mode of Procurement: Small Value Procurement

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Very truly yours,

ELY E. ROXAS
Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php21,093.00	APPROVED:
THERESE M. TINDOY Fiscal Controller III	LYNIE S. ARCENAS Fiscal Controller III		MARY ANN A. MALINIS Head, SBAC HEAD OF THE AGENCY or Authorized Representative

Within the COB:
Expense Code:
Budget:
Remarks:

CONFORME:

Signature over Printed Name and Position of authorized representative

Received copy of P.O.:

Date