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: BANNER PLASTICARD, INC.						Purchase Order No.:		04-007-19	
Address	s: <u>M</u>	anggaha	n Light Industrial Park, Amang F	Rodriguez	Ave. Bo. Mc	nggahan,	Pasig City Date:	April	8 2019
Tel.Fax No.: 645-5255							Term of Payment: C.O.D		
Supplier Registered wit PHILHEALTH					Mode of Procurement:			Small Value Procurement	
Please deliver to this office within C.O.D					from receipt hereof the following				
NO.	QTY	UNIT		ITEM DESCRIPTION			N		TOTAL
1	3,000	PCS	ID CARD, Blank PVC Card, Premier Card, Plain, CR 80, 30 mil.					PRICE 3.50	10,500.00
				LESS:	EWT	1%	93.75		10,500.00
				LLJJ.	GMP	5%	93.75 468.75	}	
					Olvii	378	400.73	-	562.50
			PR #					 	9,937.50
			19-0116 DTD. 03-20-19 HRI)					
			17 0110 B1B, 00 20-17 TIKI	_					
3. Delivery least two (MWF). A 4. Delivery 5. Defectiv With profession of the control which is a from any where su office or i	of the above (2) days (2) days (3) Receipt (4) (4) Receipt (5) (5) Receipt (6) (6) Receipt (7) Receipt	pove item before the shall be and Sales patible o a back-u arties und neorpore group or a given in the action of 1% of a pove item.	e Purchase Order (P.O.) by the representative either through fin(s) shall be made within the prine delivery. Use of elevator shall delivered and accepted by the structure shall be required for our non-compliant of goods as to prunit in case of repair, detake to comply with Office of the distriction, or juridical entity, whe course of official duties or wors of directors or employees, agross amount (Section 62. Warra	ax or e-mescribed sell only be e PSMD and the period of th	all schedule do from 09:00 to t 15th Floor, complete de ation when a constant of the public onnection with appears of 6 Revised I	ites. Suppliides. Suppliides. Suppliides. Supplies. It is a supplies. Suppli	er are advised to inform n. and 1:30 to 3:00 p.m. of Citystate Ctr. Bldg., Pare goods. Il be rejected and return teration of Philhealth Nomand, or accept, directle sector, at anytime, on insaction which may affect of interest.	Procurement Siduring Mon/Websig City. ed at the time Gift Policy (Rev	ection at d/Fri of delivery. vision 1) any gift
Very fruly yours,							SAXC		
Certified Rud	laet Availa	ible. In	unds Available in the	DL *	0.500.00		Administrative	Officer III	
Funds Available: Funds Available in the amount of: Php10,500.00 The ABLE M. Troly THE ABLE M. Troly Fiscal Controller III Within the COB: Color Story Expense Code: 5020301001 Story Remarks: Chargedon to HND 1819						JOSEPH O. VERGARA Head, SBAC HEAD OF THE AGENCY or Authorized Representative			
CONFORM			CELYN F. GATBON ALTIC 9 OFFRATION	c MA	VAGER	Rec	eived APRofP.Q.: 2	019	
Signature over Printed Name and Position of Date									

authorized representative