REPUBLIC OF THE PHILIPPINES

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

					PURCH	ASE OR	DER				
Supplier							1	Purchase Order No.	06-043-19		
Address: K 304 Charleston Bldg. Hampton Gardens, C. Raymundo, Brgy. Canlog								Date		June 24, 2019	
Tel.Fax I	Fax No.: 994-1273 6648957							Term of Payment			
Supplier Registered with PHILHEALTH							Mo	ode of Procurement			
Diamed delition to At the control of									ereof the following		
NO.	QTY	UNIT			ITEM DESCRIPTION					TOTAL	
1	 							<u> </u>	PRICE	AMOUNT	
, '	1	unit ,	BOOK SHELF						13,200.00	13,200.00	
			Specs:						1		
			Open Shelves	s, 5 layers					1	•	
			Size: 174mm H x 300mm D x 600mm W						1911		
			Color : Wallr	nut				-	- 1/"•		
			Note:						Y I		
			(1) year wa	rranty					4 1		
	j ,]		
									1 1	13,200.00	
					LESS:	EWT	1%	117.86 .	1		
						GMP	5%	589.29		707.15	
			PR#							12,492.85	
			ł	3 444 04 04						,	
			19-018	3 dtd. 04-04	-19 - OCOO)					
2. If the day have be 3. Delivery least two (MWF). 4. Delivery 5. Defection With profession which is from any where soffice or 7. In all ca	ate of receive receivers receive receivers receive receivers recei	reipt of the ved by a bove ite is before it is and Sal in a back parties u incorpor group o s given is the acti request	ne Purchase O representative m(s) shall be reached the delivery. Lead the delivered and the shaper non-compliant of the standards into this respectively association, on the course of the standard that the standard that the standards are standards and the standards are standards a	erder (P.O.) by e either through nade within the lase of elevator and accepted by all be required int of goods are e of repair, comply with Off Contract. No or juridical ent of official duties are or employers	the dealer gh fax or e-r e prescriber r shall only t by the PSME for one-time s to specific ice order No Philhealth p tity, whether s or which in es, or create mitted before	is not Indica nail d schedule be from 09: 0 at 15th Flie e complete ation when 0. 0018-201 ersonnel sh from the pin connection the appeature tha laps stated in the	dates. Su 00 to 11:3 oor, Room delivery of quoted sh 5 entitled nall solicit, ublic or por on with any trance of the	(Reiteration of Philhe, demand, or accept, demand, or accept, vivate sector, at anyting transaction which ma conflict of interest. original delivery date. I contract. ours,	ed on the day it inform Procured 00 p.m. during Bldg., Pasig Citeturned at the titetalth No Gift Podirectly or indirectly or indirectly or off the lay affect the full. The maximum ROXAS	ment Section at Mon/Wed/Frity. Ime of delivery. Ilicy (Revision 1) ectly, any gift ework premises notions of their	
Certified Bud	get Availab	le:	Funds Available in	the amount of	Dhn45	3,200.00	ADS		ive Officer III		
4	Lucu	MI	-uz		1111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 4	PROVED:			
<u>_7'H</u>	GRESE scal Cont	M. J	wary_	LILIA G			1				
	Jear Coll	nouer III		riscal (ontroller II			Ge	مهجه	· .]	
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xponse Codo: 5020312001 (Krai- Exertella printing & phytus) HEAD OF I										1	
HEAD OF THE AGENCY or Authorized Representative											

6-28-19

Received copy of P.O.:

Date

Remarks:

CONFORME:

Signature over Printed Name and Resilion of authorized representative