REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation

709 CityState Center Bldg. Shaw Blvd. Brgy. Oranbo, Pasig City Telefax No. 637-3158

PURCHASE ORDER

Supplier OMENA CORP. Address 14 IPO Building, Quezon Ave. Quezon City Tel.Fax No. 8785-5671								Purchas	se Order No.:	10-095-19		
							Date:			October 29, 2019		
							Term of Payment:		C.O.D			
Supplier Registered with: PHILHEALTH								Mode of F	Procurement:	Local Shopping		
Please deliver to this office within C.O.D							from receipt hereof the following					
NO.	QTY	UNIT			ITEM DE	ESCRIPT.	ION			UNIT PRICE	TOTAL AMOUNT	
1	100	units	POWERBANK							892.50	89,250.00	
			Minimum Specs	s:								
			At least 30,000mah capacity AC Adaptor Charging: Charging Time 3.5 hrs. with simultaneous charge and release features, 2 USB ports, at least 1 micro USB port, security features such as overcharge and power surge protection									
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1											89,250.00	
		,	PR # 19-0506 dtd	10/15/19	LESS:	EWT GMP	1% 5%	796.88 3,984.38			4,781.20 84,468.7 4	
of the dec. If the dat have been as Delivery least two (MWF). At Delivery 5. Defective With profession and which is a fire or in all case extension	ncy shall lay as lice e of receiver receiver of the ab (2) days All item(s Receipt e, incomposition for racting person, the med person, the fill item (see the inshall n	impose p quidated d eipt of the yed by a re pove item(b before th s) shall be and Sales patible or r a back-up parties und incorporati group or a s given in the action request fo iot be long	Purchase Order presentative eithes) shall be made e delivery. Use or delivered and act invoice shall be non-compliant of p unit in case of dertake to comply ded into this Contassociation, or jurthe course of offices of directors or extension shoulder than the initial	(P.O.) by the ner through fa. within the professor of elevator shape cepted by the required for of goods as to strepair. If with Office of tract. No Phillipidical entity, we call duties or employees, old be submitted.	dealer is not a controlled to the controlled to	ot indicate darom 09:00 15th Flooromplete don when qualified on the put onnection e appears tha laose ted in the	ed, it sha ates. Su to 11:3 or, Room elivery o uoted sh entitled all solicit, olic or pr with an ance of a of the o	pplier are ad 0 a.m. and 1 1501 Cityst f the goods. hall be rejected (Reiteration demand, or ivate sector, y transaction a conflict of in	d received on the vised to inform the care of Philhealth Naccept, directly at anytime, on which may afforterest.	Procurement S a. during Mon/M Pasig City. d at the time of a o Gift Policy (Re or indirectly, a or off the work ect the functions	ecknowledge to ection at /ed/Fri delivery. evision 1) ny gift premises s of their	
	i.0	-7 î	2 12						JOSEPHO. Head,	VERGARA SBAC	<u> </u>	
ertified Budg	_	le:	Funds Available in t	he amount of:	Php89	9,250.00		APPROVED:				

CORAZON M. TABULAO LILIA GARRIDO Fiscal Controller III Fiseal Controller III DENNIS S. MAS, PhD URP Within the COB: 2019 Acting EVP & COO, Concurrent SVP-MSS 5029901002/51642 HEAD OF THE AGENCY Expense Code: \$ 89,250; charge to Concomm; ABC # 2019-09-414 Budget: or Authorized Representative CONFORME: Received copy of P.O.: NOV 4, 2019 Lalu Les Ro Alyn 7
Signature over Printed Name and Position of authorized representative