## REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation

National Capital Region

3rd flr. 68 VCP Kalayaan Bldg. #68 Kalayaan Ave., QC

Telefax: 441-2579

## **PURCHASE ORDER**

P.O No.: NCR-P-19-08-012

August 23, 2019

Date:

T-1 F N 600 1001										
							Term of Paymen	Government Terms		
Supplie	r Register	ed with	Philgeps			Mode of Procurement	t: Sho	Shopping		
Pleas	se delive	r to this c	office with	in	5 wo	rking days	from recei	pt hereof the	following	
NO.	QTY	UNIT	ITEM DESCRIPTION					UNIT PRICE	TOTAL AMOUNT	
1	80	Pcs	INK, for stamp pad with applicator, color: Black					34.80	2,784.00	
2	10	Pcs	INK, for stamp pad with applicator, color: Blue					34.80	348.00	
3	10	Pcs	INK, for stamp pad with applicator, color: Green					34.80	348.00	
ē			Less:	EWT FVAT	1%: 5%:	31.07 155.36			3,480.00 186.43	
								Net Amount:	3,293.57	
			PR #: 19-0273-NCR- P dated June 21, 2019					0	8 185	
Condition 1. The su		all strictly	comply w	ith the ter	ms of referen	oe or specificati	one presenthed by the Com			

- r shall strictly comply with the terms of reference or specifications prescribed by the Corporation.
- 2. The Corporation shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as liquidated damages.
- 3. Render your bills in triplicate copies including the original.

ZAB ENTERPRISES, INC.

2151 Sobriedad St. cor. Blumentritt Ext. Sampaloc, Manila

Supplier:

Address:

- 4. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 15th Working day from the date of the approval of the P.O.
- 5. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier.

Very truly yours,

OIC, Management Services Division, PRO NCR Certified Budget Available: Funds Available in the amount of: Php3,480.00 APPROVED: JOEL P. SANT WILLE M. BUMACOD ACION A. DIAZ Designated Budget officer OIC-Section Chief, Fund Management Services Vice President - PRO NCR (or Authorized Representative) Within the COB: Expense Code: pegnan Received copy of J.O on of us applied **CONFORME:** Available Budget: TOLCHTIND Remark 11x rear made Print Name and Signature of Supplier/Representative