



# PURCHASE ORDER

PO Number

PO000147

(Please quote this number on all related correspondence, delivery/shipping papers and invoice

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## **DELIVER/SHIP TO:**

THE INSULAR LIFE ASSURANCE COMPANY LTD.

Bases Conversion and Development Authority

31st Street corner 2nd Avenue BGC 2F Bonifacio Technology Center

Taguig NCR 1634

Contact Name:

Contact Name:

**Procurement Division** 

Tel No.:

Tel No .:

575-1700

TIN:

000464124000

Fax No.:

816-0978

1114.		000101121000				TIN:	002-219-694-000			
PO Date of Approval 3/27/2018		PR No.		Requesting Department ODMD		Mode of Procurement  SVP	Date of Delivery 3/27/2018	Delivery Term	Payment Term  COD	
1		5.00	ITE	М	GROUP T	ERM INSURANCE ( LEVEL	1)		4,560.00	22,800.00
2		16.00	ITE	EM	GROUP T	ERM INSURANCE (LEVEL 2	2)		2,280.00	36,480.00
3		129.00	ITE	M	<b>GROUP T</b>	ERM INSURANCE (LEVEL 3	3)		1,140.00	147,060.00

#### **COMPONENT**

### A. LIFE/GROUP TERMS

LEVEL 1 2.000.000.00 LEVEL 2 1,000,000.00 LEVEL 3 500,000.00

## B.ACCIDENTAL DEATH, DISMEMBERMENT AND DISABILITY

LEVEL 1

2,000,000.00

LEVEL 2

1,000,000.00

LEVEL 3

500,000.00

#### C. TOTAL AND PERMANENT DISABILITY INCOME

LEVEL 1

2,000,000.00

LEVEL 2 LEVEL 3 1,000,000.00 5,00,000.00

# D. LIVING BENEFIT COVERAGE/TERMINAL ILLNESS BENEFIT (50% OF COVERAGE, MAX OF P1M.) E. TAKE OVER BUSINESS CLAUSE

PESOS: TWO HUNDRED SIX THOUSAND THREE HUNDRED FORTY AND 00/100 PESOS ONLY

206,340.00

Terms and Conditions:

This Purchase Order (PO) shall be governed by the General Terms and Conditions printed at the back hereof Note: Please attach the original copy of this order together with the DELIVERY RECEIPT and SALES INVOICE in the triplicate.

FUNDS AVAILABLE:

HEDDA Y. RULONA

DMIII, Budget Department

M

BGEN CARLOS F. QUITA (RET)

Manager, PPMD

I hereby certify that I am authorized representative of the company and that by affixing my signature, it shall bind the company I am representing to the terms and conditions of the PO and all applicable provisions of RA 9184 and its revised IRR and other applicable government rules.

I further ceritify that the above prices, which were quoted in the Request for Quotation (RFQ), are inclusive of all taxes, freight, insurance and all other incidental expenses necessary for its delivery.

CONFORME:

B. TINGCHMY

Date Received:

Printed Name and Signature of Authorized Representative

# **CAD Group Makati (RGamir)**

From:

Gonzales, Mia L.

Sent:

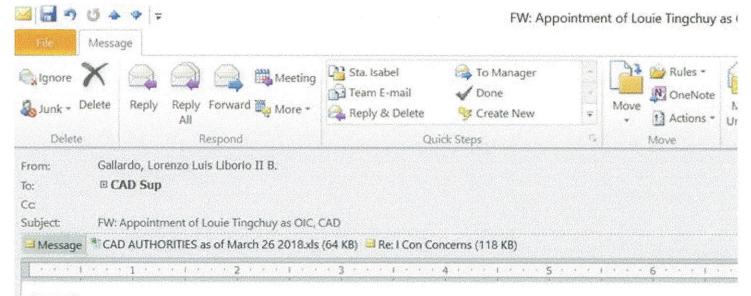
Tuesday, April 10, 2018 10:56 AM

To:

CAD Group Makati (RGamir)

**Subject:** 

OIC



Dear all,

Louie will be OIC of CAD in behalf of ma'am Duday while I will be on leave until May 2. Please see below documentation of delegated work as communicated to ma'am Duday. Kindly follow approving authorities as detailed below so operations will run smoothly even in my absence.

May, please note that Secrets/RCP approver is Ms. Dyne. Request approval of the transaction (claim, paymicule's transaction approval. Ms Dyne will approve the ticket for disbursement in the field offices.

Thanks.

Bong

From: Gallardo, Lorenzo Luis Liborio II B.

Sent: Monday, March 26, 2018 6:20 PM

Click on a photo to see social network updates and email messages from this person.



















