

Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Regional Health Insurance Office XII  
 Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato

# Purchase Order

SUPPLIER: KATROPA  
 ADDRESS: KORONADAL CITY  
 TELEPHONE/FAX NO.: \_\_\_\_\_  
 SUPPLIER REGISTERED WITH: \_\_\_\_\_

P.O. No.: 07-257-12  
 Date: 7/24/2012

TERMS OF PAYMENT: \_\_\_\_\_  
 MODE OF PROCUREMENT: \_\_\_\_\_

Please deliver to this office within \_\_\_\_\_ days from the receipt hereof the following:

QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	ISSUE	1/8 PAGE PRINT AD, GR...	1/8 PAGE PRINT AD, GREETINGS RE: T'NALAK FESTIVAL	1,000.00	1,000.00
		TAX	WITHHOLDING TAX 2%	-17.86	-17.86
		TAX	VAT 5%	-44.64	-44.64
<b>Total</b>					<b>PhP937.50</b>

**CONDITIONS:**

1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value undelivered order for each day of the delay as liquidated damages.
2. Render your bills in triplicate copies including the original.
3. If the date of the receipt of this PURCHASE ORDER by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of approval.
4. For imported items, IMPORTANT DOCUMENTS, especially showing of condition, serial number of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of P 1,000

GENLY DELA VICTORIA-IGHOT, CPA  
 Fiscal Controller III

MERLIE C. SABUG, MPA  
 MSD CHIEF

Approved:

RAMON F. ARISTOZA, JR.  
 REGIONAL VICE PRESIDENT

Received copy of P.O. on July 26, 2012  
 By: [Signature]

CONFORME: [Signature]  
 PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE