

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
Total					PhP937.50

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-

FISCAL CONTROLLER
GENLY DELA VICTORIA-IGHOT, CPA
Fiscal Controller III

Approved:

MERLIE C. SABUG, MPA
MSD CHIEF

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