

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: KRISTAN EDUCATIONAL SUPPLY

P.O. No.: 08-289-12

ADDRESS: KORONADAL CITY

Date: 8/15/2012

TELEPHONE/FAX NO.:

SUPPLIER REGISTERED WITH:

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
15	PCS	OS-0195 CD ADHESIVE ...	CD ADHESIVE LABEL, PRE-CUT, 2cd/sheet	4.50	67.50
2	PCS	OS-0106-B SIGN PEN, G-...	SIGN PEN, G-TEC, C4, BLACK, REFILL	32.65	65.30
		TAX	WITHHOLDING TAX 1%	-1.19	-1.19
		TAX	VAT 5%	-5.93	-5.93
Total					PhP125.68

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 132.80

FISCAL CONTROLLER

[Signature]
FISCAL CONTROLLER III

Approved:

[Signature]
MERLIE C. SABUG, MPA

MSD CHIEF

[Signature]
RAMON E. ARISTOZA, JR.
REGIONAL VICE PRESIDENT

Received copy of P.O. on 8/29/12

By: *[Signature]*

CONFORME: *[Signature]*

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE

[Signature]
8/29/12