

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: EMR CENTER

ADDRESS: KORONADAL CITY

TELEPHONE/FAX NO.:

SUPPLIER REGISTERED WITH:

P.O. No.: 08-293-12

Date: 8/16/2012

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
15	PAX	IME - VENUE, ONE LUN...	VENUE, ONE LUNCH AND TWO SNACKS (AM & PM) DURING THE AQAS STRATEGIC PLANNING ASSESSMENT ON AUGUST 17, 2012	370.00	5,550.00
		TAX	WITHHOLDING TAX 2%	-99.11	-99.11
		TAX	VAT 5%	-247.77	-247.77
<b>Total</b>					<b>PhP5,203.12</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 5,550 -

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 AUGUST 17, 2012  
By: [Signature]

CONFORME:

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE

CHARGE INVOICE PLS.