

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: LA PAMELA SUITES
 ADDRESS: KORONADAL CITY
 TELEPHONE/FAX NO.: _____
 SUPPLIER REGISTERED WITH: _____

P.O. No.: 08-294-12
 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
107	PAX	BF - VENUE, ONE MEA...	VENUE, ONE MEAL AND ONE SNACK FOR PHILHEALTH PROVIDERS MEETING ON NO BALANCE BILLING POLICY ON AUGUST 24, 2012	250.00	26,750.00
		TAX	WITHHOLDING TAX 2%	-535.00	-535.00
		TAX	VAT 5%	-802.50	-802.50
				Total	PhP25,412.50

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 26,750 -

FISCAL CONTROLLER
GENLY DELA VICTORIA IGNOT, CPA
 Fiscal Controller

MERLIE C. SABUG, MPA
 MSD CHIEF

Approved:

RAMON F. ARISTOZA, JR.
 REGIONAL VICE PRESIDENT

Received copy of P.O. on 8/24/12
 By: _____

CONFORME: ANITA DELA CRUZ
 PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE