

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

P.O. No.: 09-318-12

ADDRESS: KORONADAL CITY

Date: 9/13/2012

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
25	PAX	BF - VENUE & ONE SNA...	VENUE & ONE SNACK DURING THE ANIMAL BITE ORIENTATION FOR THE ACCREDITED ANIMAL BITE TREATMENT CENTERS (ABTC) & ANIMAL BITE CENTERS (ABC)	100.00	2,500.00
		TAX	WITHHOLDING TAX 2%	-44.64	-44.64
		TAX	VAT 5%	-111.61	-111.61
Total					PhP2,343.75

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 2,500 -

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 9/12

By: [Signature]

CONFORME: [Signature]

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE