

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: DADIANGAS ORIENT MARKETING
 ADDRESS: KORONADAL CITY
 TELEPHONE/FAX NO.: _____
 SUPPLIER REGISTERED WITH: _____

P.O. No.: 09-319-12
 Date: 9/17/2012

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	UNIT	EVAPORATOR	EVAPORATOR, CAR AIRCON FOR SGS 604 MITSUBISHI ADVENTURE	2,800.00	2,800.00
		TAX	WITHHOLDING TAX 1%	-25.00	-25.00
		TAX	VAT 5%	-125.00	-125.00
				Total	PhP2,650.00

CONDITIONS:

- 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.
- Render your bills in triplicate copies including the original.
- 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.
- 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 2,800 -

 FISCAL CONTROLLER
 GENLY DELA VICTORIA NIGHOT, CPA
 Fiscal Controller III

Approved:

MERLIE C. SABUG, MPA
 MSD CHIEF
RAMON F. ARISTOZA, JR.
 REGIONAL VICE PRESIDENT

Received copy of P.O. on 09-21-12
 By: _____

CONFORME: DADIANGAS ORIENT MARKETING
 PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE