

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato

Purchase Order

SUPPLIER: SARANGANI HIGHLANDS

P.O. No.: 09-321-12

ADDRESS: GENERAL SANTOS CITY

Date: 9/18/2012

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
12	PAX	MP - VENUE AND ONE ...	VENUE AND ONE MEAL DURING THE OFFICER'S MEETING WITH PCEO BANZON	700.00	8,400.00
		TAX	WITHHOLDING TAX 2%	-150.00	-150.00
		TAX	VAT 5%	-375.00	-375.00
				Total	Php7,875.00

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 8,400 -

GENLY DELA VICTORIA-ICHOT, CPA

FISCAL CONTROLLER

MERLIE C. SABUG, MPA

MSD CHIEF

Approved:

RAMON F. ARISTOZA, JR.

REGIONAL VICE PRESIDENT

Received copy of P.O. on 9/18/12
By: _____

CONFORME:

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE