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: STARBRIGHT OFFICE DEPOT

ADDRESS: KORONADAL CITY

TELEPHONE/FAX NO .:

SUPPLIER REGISTERED WITH:

Please deliver to this office within _____ days from the receipt hereof the following:

QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
2	PCS	OS-0147-C FILE FOLDE	FILE FOLDER, CLEAR BOOK W/ RING BINDER, W/ INDIVIDUAL CLEAR PLASTIC POCKETS FOR LABELS, LEGAL SIZE	32.40	64.80
13	PCS	OS-0056-B FOLDER PRE	FOLDER PRESSBOARD, LONG	7.20	93.60
50	PCS	OS-0055-B FOLDER, TA	FOLDER, TAGBOARD, LONG 14 POINTS	2.75	137.50
1	BOTTLE	OS-0120-C STAMP PAD I	STAMP PAD INK, RED W/ APPLICATOR, 50ml	40.80	40.80
40	PACKS	OS-0069-B LINEN PAPE	LINEN PAPER, SPECIAL, LONG 10's	25.15	1,006.00
4	PCS	OS-0097 RECORD BOOK	RECORD BOOK, 500 PAGES	50.95	203.80
7	BOXES	OS-0100 RUBBER BAND	RUBBER BAND 18", TRANSPARENT APPROX. 445g/box (350grams)	144.00	1,008.00
35	PACKS	OS-0155 STICKER, PAPE		24.00	840.00
20	PCS	OS-0155-E STORAGE BO	STORAGE BOX, MERIT, SIZE 12"Wx10"Hx15	268.80	5,376.00
		TAX	WITHHOLDING TAX 1%	-78.31	-78.31
		TAX	VAT 5%	-391.54	-391.54
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				Total	PhP8,300.65

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 orignal.

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	Approved: REGIONAL VICE PRESIDENT
Received copy of P.O. on <u>Isluftz</u>	CONFORME: CONFORME: CONFORME: CONFORME: CONFORME: CONFORME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE
	taxes ; 10/11/1-

Date: 9/28/2012

09-382-12

TERMS OF PAYMENT : _

P.O. No .:

MODE OF PROCUREMENT: