

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: JAM CITY TIRE MARKETING

ADDRESS: KORONADAL CITY

TELEPHONE/FAX NO.: _____

SUPPLIER REGISTERED WITH: _____

P.O. No.: 06-214-12

Date: 6/7/2012

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
4	PCS	TIRE 245/70/16, MICHEL...	TIRE 245/70/16, MICHELLEN TIRE, LATITUDE TOUR	10,900.00	43,600.00
4	PCS	WHEEL BALANCING	WHEEL BALANCING	550.00	2,200.00
		TAX	FOR THE USE OF SJX-990 TOYOTA HI LUX	-408.93	-408.93
		TAX	WITHHOLDING TAX 1%	-2,044.64	-2,044.64
			VAT 5%		
Total					PhP43,346.43

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 45,888 -

FISCAL CONTROLLER
GEKLY 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 6-13-12

By: aubarania

CONFORME: RAMON F. ARISTOZA, JR.

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE