

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: COPYLANDIA OFFICE SYSTEM CORP.
 ADDRESS: GENERAL SANTOS CITY
 TELEPHONE/FAX NO.: _____
 SUPPLIER REGISTERED WITH: _____

P.O. No.: 06-218-12
 Date: 6/8/2012

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	OS-0134 TONER, FOR P...	TONER, FOR PHOTOCOPIER (TN 114) DEVELOP	3,125.00	3,125.00
1	PC	OS-0076 MASTER ROLL,...	MASTER ROLL, RIZO	3,915.00	3,915.00
26	PCS	OS-0099 RIZO INK, 2300 ...	RIZO INK, 2300 - 1000cc	1,690.00	43,940.00
		TAX	WITHHOLDING TAX 1%	-455.18	-455.18
		TAX	VAT 5%	-2,275.89	-2,275.89
Total					PhP48,248.93

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 50,980 -

 FISCAL CONTROLLER
 EDWIN M. TANTERAS, CPA
 Fiscal Controller IV

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

Received copy of P.O. on 6/13/12
 By: _____

CONFORME: Manuel G. Sabellana
 PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE