

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

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

Purchase Order

SUPPLIER: CINCO NIÑAS

ADDRESS: KORONADAL CITY

TELEPHONE/FAX NO.: _____

SUPPLIER REGISTERED WITH: _____

P.O. No.: 06-221-12

Date: 6/14/2012

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
292	PAX	FOOD (1 LUNCH AND 2 ...	FOOD (1 LUNCH & 2 SNACKS) AND VENUE DURING THE STAKEHOLDERS BENEFIT FORUM 2012 ON JUNE 14, 2012	350.00	102,200.00
		TAX	WITHHOLDING TAX 2%	-1,825.00	-1,825.00
		TAX	VAT 5%	-4,562.50	-4,562.50
Total					PhP95,812.50

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 102,200 -

FISCAL CONTROLLER
EDWIN M. YAMERAS, CPA
Fiscal Controller IV

Approved:

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

Received copy of P.O. on 6/14/12
By: _____

CONFORME:

CLAUDE L. PACHES
PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE