Philippine Health Insurance Corporation

PhilHealth Regional Office IV-B

PURCHASE ORDER

Supplier ALTA GRACIA PURIFIED DRINKING WATER

Address M.A. Building, Libjo Central, Batangas City

Tel./Fax No. 706-0841 / 723-7913

Supplier Registered with:

PO No. Date 12-02-01

Terms of Payment Mode of Procurement February 7, 2012 on account LOCAL SHOPPING

Please deliver to this office within 10 days from receipt hereof the following:

NO	QTY .	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
1			Purified Water-Refill		33.00	6,600.00
			nothing follows			
			for consumption of PRO IV-B for the			
		-	month of February 2012			
	-				 	
	-		Less: WVAT 5%	330.00		
	-		EVAT 1%	66.00	 	396.00
	-		EVAL 170	00.00		
	-					
	1					
			*reference RIV # 2012-02-02 dated January 2, 2012			
TOTAL						6,204.00

or	Id	IJ	OI	าร

- 1. The agency shall impose penalty in an amount equivalent to 1/10 percent of the total value of 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 receipt of the P.O. by the dealer is not indicated, it shall be deemed on the 10th working day from the date of the approval of the P.O.
- 4. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of equipment purchased, and tax receipts, should be submitted by the supplier.

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1	Thing
ARACELI	J. LAINEZ
Division Ch	ief IV - MSD

Funds available in the amount of P 6,600.00

CATALINA R. AMATUS
Fiscal Controller IV

APPROVED:

Very truly yours,

PAOLO JOHANN C. PEREZ PREGional Vice-President

Date approved:

CONFORME:

Received copy of P.O. on <u>Feb·14, 2이고</u>

Janice A. Gonzales

Printed Name and Signature