## Philippine Health Insurance Corporation

PhilHealth Regional Office IV-B

## **PURCHASE ORDER**

Supplier ALTA GRACIA PURIFIED DRINKING WATER

PO No. Date

12-03-01

Address M.A. Building, Libjo Central, Batangas City Tel./Fax No. 706-0841 / 723-7913

March 2, 2012 on account

Supplier Registered with:

Terms of Payment Mode of Procurement

LOCAL SHOPPING

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

NO	UNIT	ITEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1		Purified Water-Refill			33.00	6,600.00
		*nothing follows*	7 2:			
		for consumption of PRO IV-B for the	9			
		month of March 2012				
		-				
		Less: WVAT 5%	330.00	MANAGEMENT OF THE PARTY OF THE		
		EVAT 1%	66.00			396.00
				40-24		
		'				
		'				
	 	*reference RIV # 2012-03-05 dated March 1, 2012				0.001.00
OTAL						6,204.00

## Conditions:

- 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.

Very truly yours,

Funds available in the amount of P 6,600.00

Division Chief IV - MSD

Fiscal Controller I\

APPROVED:

PAOLO JOHANN C. PEREZ

Regional Vice-President

Date approved:

CONFORME:

Received copy of P.O. on

Printed Name and Signature