Philippine Health insurance Corporation

PhilHealth Regional Office IV-B

## **PURCHASE ORDER**

Supplier INK@BEST TECHNICAL SERVICES

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

Tel./Fax No. 706-0841 / 723-7913 Supplier Registered with:

PO No.

12-03-07

Date

March 28, 2012

Terms of Payment

on account

LOCAL SHOPPING Mode of Procurement

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

NO	QTY.	UNIT	ITEM DESCRIPTION			UNIT PRICE	TOTAL AMOUNT
1	200	pcs	DVD Rewritable 4.7 GB (with individual casing)		33.00	6,600.00	
			*nothing follows*	×			
			for Membership Section				_
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			Less: WVAT 5%	330.00			
			EVAT 1%	66.00			396.00
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			·	9			×
TOTAL	-	-	*reference RIV # 2012-02-16 dated February 9, 2012				6,204.00

Cond	litions	3

- 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 IN

APPROVED:

PAOLO JOHANN C. PEREZ

Regional Vice-President

Date approved: APKIL 3,20/2

CONFORME:

Received copy of P.O. on Apr

Printed Name and Signature

of Supplier/Representative