## Philippine Health Insurance Corporation

PhilHealth Regional Office IV-B PSDC Bldg. P. Burgos corner Alegre Sts., Batangas City



## **PURCHASE ORDER**

Supplier PHILCOPY CORPORATION

Address Unit 16 K. Pointe Commercial Center Sabang, Lipa City

Tel./Fax No. 756-5687 / 9814499

Supplier Registered with:

PO No.

Date

Terms of Payment

May 15, 2012

on account

12-05-05

LOCAL SHOPPING Mode of Procurement

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

NO	QTY.	UNIT	ITEM DESCRIF	UNIT PRICE	TOTAL AMOUNT 168,000.00	
1	20	pcs	KYOCERA TK364	8,400.00		
-	1 7 700		INK CARTRIDGE for KYOCERA FS40			
		_ + 3 ,	**nothing follo	TOTAL	168,000.00	
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						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-					
	1		Less: WVAT 5%	8,400.00		
			EVAT 1%	1,680.00		10,080.00
	-					
			71			
					-	
	+					
	-					
	-		reference: RIV # 2012-04-20 dated April 19,			
TOTAL			Telefelice. Niv # 2012-04-20 dated April 19,		157,920.00	

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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 168,000.00

Muaira CATALINA R. AMATUS

Fiscal Controller IV

ARACELI J. LAINEZ

Division Chief IV - MSD

APPROVED:

PAOLO JOHANN C. PEREZ

Regional Vice-President

Date Approved: may

CONFORME: Received copy of P.O. on

RELAHD

Printed Name and Signature

of Supplier/Representative