REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation 8/F Golden Peak Tower Gorordo Ave. corner Escario Street, Cebu City

			Tel. No. 233-3			
C	ıli amı	LIC Tro	PURCHAS		06 051 12	
Add	olier:	JJG Trac	. Bascon St. Dumlog Talisay City Cebu	P.O. No.: 06-051-12 Date: June 18, 2012		
Tel./Fax. No				Terms of Payment: 30 days		
Supp	olier Reg	stered With:		Mode of Procurement: Local Shopping		
Pleas	se delive	r to this o	office within 30 days from receipt			
NO.	QTY.	UNIT	ITEM DESCRIP	TION	UNIT PRICE	TOTAL AMOUNT
650			Corrugated Boyes		40.00	26,000.00
	650	pcs	Corrugated Boxes		40.00	(BG) 84)
						(1310.03)
						21. Flyts
1						100171
ı						
			1/			
1			115/12			
1			((-('			
1						
				HON	HOME	City & Color and an artist of the color
ı				55572	- ATT-1	The state of the s
1				774-10	26,000	26,000 -
ı				The second disposite		
1				and by:	Suddet Or Car Cl	er pro-)
					e mades of breast in	
Conditions: 1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered						
				1/10 of 1 percent of the total	ar value of unde	invered
order for each day of the delay as liquidated damages.						
 Render your bills in triplicate copies including the original. If the date of receipt of the P.O. by the dealer is not indicated, it shall be deemed received on the 10th day from 						
			proval of the P.O.	d, it shall be defined received		
4 F	For the in	nnorted i	tems. IMPORTATION DOCUMENTS	specifically showing the con	ndition, serial n	umbers of
 For the imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier. 						
			A		Very truly yo	ours,
Fun	dsAvail	able in t	he amount of:		3	2.
					GOL	
MOL					Atty. Gerardo S. Ortiz	
Josette E. Bacalso PR No. 12-06424 dated June 8,2012 Division Chief IV - MSD						
Fiscal Controller IV Requested by: Nellie Marie C. Banzon , AO IV						
	Prepare	ed by:			Approved:	\wedge
Prepared by:						/ 0
Jocelyn E. Divinagracia WILLIAM O. CHAVEZ						
	ASO				Regiona	Vice President

CONFORME:

Printed Name & Signature of Supplier/Representative

w/w/n

By:_

Received copy of P.O. on:_