## REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation 8/F Golden Peak Tower

Gorordo Ave. corner Escario Street, Cebu City

Tel. No. 233-3287 (Telefax)

## PURCHASE ORDER

Supplier: Cebu Progress Commercial P.O. No.: 08-071-12 Address: Colon cor Climaco St. Cebu City Date: Aug. 9, 2012 Tel./Fax. No. 4124208 Terms of Payment: 30 days Mode of Procurement: Local Storping Supplier Registered With:

Please deliver to this office within 30 days from receipt hereof the following:

NO.	QTY.	UNIT	ITEM DESCRIPTION		UNIT PRICE	TOTAL AMOUNT
	4	units	Clerical Table , Melamine 1200 x 600 x 750		6,580.00	26,320.00
	8	units	Side table , Melamine 900 x 450 x 637		2,750.00	22,000.00
	10	units	Mobile Pedestal with rollers 400 x 560 x 580, Gray Steel		2,845.00	28,450.00 <b>76,770.00</b> [ 410,68)
			8/22/12	andarle - 6580 2750		12,16H.31
			Multile - Br. Gomes - 7 - Br. Javier - 7 - Br. Hipio - 7 - Br. Tiu - 7 - Men 27	2545 TON 239 76	INDIC	36,770
			Note: for Collection, Mandaue LHIO & HCDMD  TABLE  3 - Mandaue  1 - Collection	Coroved by.		

## Conditions:

- 1. The agency shall impose penalty in an amount equivalent to 1/10 of 1 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 received on the 10th day from the date of the approval of the P.O.
- 4. 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.

Funds Available in the amount	10 to 10 10 10 10 10		Very truly yours,	
Josette E. Bacalso Fiscal Controller IV	PR No. 12-07478 dated July 4,2012 Requested by: Nellie Marie C. Banzon , AO IV		Atty. Gerardo S. Ortiz Division Chief IV - MSD	
Prepared by: Jocelyn B. Divinagracia ASO II			Approved:  WILLIAM O. CHAVEZ Regional Vice President	
Received copy of P.O. on:	41211	CONFORME:	, 1	
			Printed Name & Signature of Supplier/Representative	