Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Lynzee's Bldg., #766 J. Rosales Ave., Butuan City Tel.# 341-1159 / 341-6488 / 342-6992

PURCHASE ORDER

Supplier: RED APPLE FASTFOOD			P.O. No.:	06-12-119
Address: A.D. Curato St., Butuan City		Date:		June 14, 2012
Tel/Fax No.: 342-5127			Mode of	
Supplie	er Registered with: <u>DTI No.</u>		Procurement:	Local Shopping
Gettlen	nen :			
	Please furnish this office the following articles subject to the	e terms and	d conditions contai	ned herein:
Place o	of Delivery : PhilHealth Regional Office - Caraga	Delivery	Term : 10 calend	ar davs
Date of	Delivery:		t Term : <u>on accou</u>	
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
×	FOOD for Electronic Premium Reporting System (EPRS)			
	Training on June 19 & 20, 2012 at PRO-Caraga Conference			
	Room			
	June 19, 2012			
pax	AM Snacks: Cheese Pemiento Sandwich & Juice in Can	20	62.00	1,240.00
pax	Lunch: Steamed Rice, Fish Tinola (lapu-lapu), Crab Meat,	20	210.00	4,200.00
	Chopsuey, Fruits in Season (at least 2 variety) and			
	Softdrinks	1		
pax	PM Snacks: Ube Cake & Mango Shake	20	80.00	1,600.00
nav	June 20, 2012		00.00	4 000 00
pax pax	AM Snacks: Meat Roll & Four Seasons Juice Lunch: Native Chicken Tinola, Sinuglaw, Pinakbet, Steamed	20 20	63.00 210.00	1,260.00 4,200.00
pax	Rice, Fruits in Season (at least 2 variety)and Softdrink	20	210.00	4,200.00
	1 1005, 1 ratio in Souson (actioast 2 varioty) and Solitanink			12,500.00
				12,000,00
	Less: WVAT gross/1.12 x 5% 558.04			
	EWT gross/1.12 x 1% <u>111.61</u>			669.65
				11,830.35
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	WITHIN THE COB			
	Note: MARCEL TAX.	MAGTER	AV	
	* If services deviate or beyond the utilization mentioned abo	CERLUDE	I CHATE	
	shall pay based on actual, computed at per person rate		uur	
	onan pay based on detadi, computed at per person rate			
	RIV# 12-06-160 dtd. 6/1/12			
(Amou	nt in Words) TWELVE THOUSAND FIVE HUNDRED	PESOS C	NLY	
	ase of failure to make the full delivery within the time sp	ecified ab	ove, a penalty of	one-tenth (1/10)
of one	(1) percent of every day of delay shall be imposed.			
			A DDDOVED	/
		,	APPROVED:	4/9/
			JOHNNY	Y SYCHUA
	K./		h Regional	vice Plesident
	CONFORME:	-		roeurin Entity
	KEY ACOUILAN		y	Y
		_		•
	Signature over printed name of Supplier			
	W)(9/12			
	DATE			
	DATE			
Funds	Available :			
	. •	-		
	- 19t.	1	BRO No.: <u>CGA-1</u> 2	
	JULIETA L BARIQUIT, CPA,MBA Fiscal Controller IV		Amount : <u>P 12,5</u>	<u>00.00</u>