

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: WCP SURPLUS PARTS		P.O. No.: 08-12-174		
Address: <u>Osmenia St., Cagayan de Oro City</u>		Date: <u>August 22, 2012</u>		
Tel/Fax No.: _____		Mode of Procurement: <u>local shopping</u>		
Supplier Registered with: <u>DTI No. _____</u>				
Gentlemen : Please deliver to this office within 7 working days from receipt hereof the following:				
Place of Delivery : PhilHealth Regional Office - Caraga		Delivery Term : _____		
Date of Delivery : _____		Payment Term : COD		
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
set	Gear box assembly for Nissan Frontier vehicle	1	28,000.00	28,000.00
	Less : NVAT gross x 3% 840.00			
	EWT gross x 2% 560.00			1,400.00
				26,600.00
<p><i>Note: Item should be compatible & functional to Nissan Frontier. Otherwise, the item will be returned to the supplier and check payment will be returned to PhilHealth as well.</i></p> <p><i>Handwritten: C. DEVESTA</i></p> <p>WITHIN THE COB 2012 MARCELITO M. MAGTIBAY FE A (BUDGET OFFICER III) DESIGNATE</p> <p>RIV# 12-07-210 dtd. 7/25/12</p>				
(Amount in Words) TWENTY EIGHT THOUSAND PESOS ONLY				
In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.				
CONFORME: <i>Handwritten: WCP SURPLUS PARTS</i> Signature over printed name of Supplier		APPROVED : <i>Handwritten: Johnny Y. Sychua</i> JOHNNY Y. SYCHUA Regional Vice President Head of Procuring Entity		
<i>Handwritten: 08-24-12</i> DATE		<i>Handwritten: 301 2012 00 1570</i>		
Funds Available :		BRO No.: CGA-12-270-14(MOOE) Amount : P 28,000.00		
<i>Handwritten: Jul. C. Bariquit</i> JULIETA C. BARIQUIT, CPA, MBA Fiscal Controller IV				