Republic of the Philippines **PHILIPPINE HEALTH INSURANCE CORPORATION** Lynzee's Bldg., #766 J. Rosales Ave., Butuan City Tel.# 341-1159 / 341-6488 / 342-6992

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PURCHASE ORDER

Supplier: <u>KIMSON COMMERCIAL</u> Address: <u>R. Calo_St., Butuan City</u>			P.O. No.: Date:	09-12-183
				September 11, 2012
Tel/Fax No.: <u>342-8654</u> Supplier Registered with: <u>DTI # P-2000-XIII-0730</u>			Mode of Procurement:	Local Shopping
Gettler				
	Please furnish this office the following articles subject to the	terms and co	nditions contained	herein:
Place of Delivery : <u>PhilHealth Regional Office - Caraga</u> Date of Delivery :		Delivery Term : <u>15 calendar days</u> Payment Term : <u>on account</u>		
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pcs. pcs. pcs.	Sign Pen, 0.5mm, color: green Sign Pen, refill for G2, 0.5mm, color: black Sign Pen, refill for G2, 0.5mm, color: blue	100 24 24	18.00 40.00 40.00	960.00
	Less : WVAT gross/1.12 x 5% 166.07 EWT gross/1.12 x 1% <u>33.21</u>			199.28 3,520.72
	WITHIN THE COB 20			
(Amou				
(Amount in Words) THREE THOUSAND SEVEN HUNDRED TWENTY 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: Clisg Cervan Jy Signature over printed name of Supplier	/- 	APPROVED : JOHNN 4 Regional	Y Y. SYCHUA Vice President Procuring Entity
	9-21-12 DATE			
Funds	Available :			
	JULIETA L-BARIQUIT, CPA,MBA Fiscal Controller IV		BRO No.: <u>CGA-1</u> Amount : <u>₽ 3,72</u>	<u>2-270-14(MOOE)</u> 0.00