

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: <u>KIMSON COMMERCIAL</u> Address: <u>R. Calo St., Butuan City</u> Tel/Fax No.: <u>342-8654</u> Supplier Registered with: <u>DTI # P-2000-XIII-0730</u>		P.O. No.: <u>10-12-210</u> Date: <u>October 5, 2012</u> Mode of Procurement: <u>Local Shopping</u>		
Gettlemen : Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery : <u>PhilHealth Regional Office - Caraga</u> Date of Delivery : <u>October 31, 2012</u> Delivery Term : <u>15 calendar days</u> Payment Term : <u>on account</u>				
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pc.	Table/document tray, plastic, 2-layer	3	220.00	660.00
unit	Stapler with remover	4	110.00	440.00
pc.	Document Tray, metal, 3-layer	3	495.00	1,485.00
pc.	Cutter, big	1	20.00	20.00
				2,605.00
Less : WVAT gross/1.12 x 5% 116.29 EWT gross/1.12 x 1% <u>23.26</u>				139.55
				2,465.45
WITHIN THE COB <u>2012</u> <u>774-10</u> MARCELITO R. MAGTIBAY FEASIBILITY BUDGET OFFICER III (DESIGNATE) RIV# 12-08-248 dtd. 8/30/12; SC-12-09-051 dtd. 9/19/12; 12/09/269 dtd. 9/18/12				
(Amount in Words) TWO THOUSAND SIX HUNDRED FIVE 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: _____ Signature over printed name of Supplier 10-16-12 DATE		APPROVED : JOHNNY Y. SYCHUA Regional Vice President Head of Procuring Entity		
Funds Available : JULIETA L. BARIQUIT, CPA, MBA Fiscal Controller IV		BRO No.: <u>CGA-12-270-14(MOOE)</u> Amount : <u>P 2,605.00</u>		