## Republic of the Philippines

Supplier: **DE PAUL SIGN FABRICATOR** 

## PHILIPPINE HEALTH INSURANCE CORPORATION

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

## **PURCHASE ORDER**

12-12-289

P.O. No.:

Address: <u>J.C. Aquino Ave., Butuan City</u> Tel/Fax No.: <u>341-5378</u> Supplier Registered with: <u>DTI No.</u>			Date:	December 26, 2012
			Mode of	Land Objection
Supplie	Registered with. Dit No.		Procurement:	Local Shopping
Gettlen	nen :			
	Please furnish this office the following articles subject to the to	erms and c	onditions containe	d herein:
Place o	of Delivery : PhilHealth Regional Office - Caraga	Delivery	Term : 10 workin	n dave
Date of Delivery: January 7, 2013		Payment Term : on account		
		· · · · · · · · · · · · · · · · · · ·		
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pc.	PLAQUE, acrylic plastic - round: 7" - Base: 2"	1	1,800.00	1,800.00
	Less: NVAT gross x 3% 54.00			
	EWT gross x 1% <u>18.00</u>			72.00
				1,728.00
	WITHIN THE COB -2012			
	863-00			
	FE ALBUDGET OFFICE PLUE COME			
	THISODGET CEELS III DESCONATE			·
	RIV# 12-12-365 dtd. 12/13/12			
	nt in Words ) ONE THOUSAND EIGHT HUNDRED PES			<u> </u>
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.				
of one (1) percent of every day of delay shall be imposed.				
			APPROVED:	$ \mathcal{N}$
			JOHNN	Y. SYCHUA
	<i>/</i> 1 _	_	Regional	Vice Pres <b>i</b> dent <sup>4</sup>
	CONFORME:	_	Head of P	rocuring <b>En</b> tity
	Signature over printed name of Supplier		,	₩
•	Signature over printed name of Supplier	_		•
	12-28-12 DATE			
runds .	Available :			
	$\sqrt{\omega}$ .	l	BRO No.: CGA-1	2-352-18 (MOOE)
	JULIETA BARIQUIT, CPA, MBA		Amount : <b>P 1,800</b>	
	Fiscal Controller IV			