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JBLIC OF THE PHILIPPINES **Health Insurance Corporation**

709 CityState Center Bldg.
Shaw Blvd. Brgy. Oranbo, Pasig City
Telefax No. 637-3158

PRID-PS-07

PURCHASE	ORDER
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upplier						
upplier	OTH	CODY	SYSTEMS, INC.	P.O No.:	06-05	
	Date		City Date:	June 25, 2013		
ddress			erm of Payment:	On Account		
el.Fax N			PHILHEALTH Mode of	of Procurement:	Local Sh	opping
upplier	Registere	a with:	PHILITEALTH	Office Or	der No. 0161,	s. 2012
			ffice within 30 working days	from red	eipt hereof the	following
Plea	se deliver	to this o			UNIT	TOTAL
NO.	QTY	UNIT	ITEM DESCRIPTION		PRICE	AMOUNT
1	1/		INK CARTRIDGE For LEXMARK Deskjet Printer Z818 High	Yield	1,622.00	25,952.0
	16	ca	Printer No. 34, Black			750.0
2	15	са	INK CARTRIDGE For LEXMARK Deskjet Printer Z818 High	Yield	1,850.00	27,750.0
2	13		Printer No. 35, Colored			
		1				53,702.0
			LESS:			
		1 .		% 479.48		2,876.8
		1		2,397.41	1	50,825.
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			13-0346 dtd. 06/11/13 PRID-PRSMD - Ely E. Roxas			
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