REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation 6flr Trinidad Bldg, Yacapin-Corrales Sts

Cadavan de Oro City Telefax # 71-12-06

PURCHASE ORDER

Supplier Address GLORIÉTTA MARKETING CORRALES AVE. STS.CDOC

Tel/Fax RIV#

729159 182-02R

Date

February 26, 2013

P O No Date

1303P-074 March 7, 2013

Terms of payment Mode of Procurement 20-30 DAYS

Local shopping

XXXXXX

Supplier Registered with

Please deliver to this office within 15 working days from receipt hereof the following

NO.	QTY.	Unit	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMT.
	.1	рс	ink stamp pad	19.00	19.00
	50	pcs	envelope brown long	1.40	70.00
	50	pcs	envelope plastic long	5.40	270.00
	3	rlls	tape transparent 1" x 100	28.00	84.00
	50	pcs	folder white long	3.40	170.00
	. 1	box	rubber band # 18 big	240.00	240.00
	2	pcs	heavy duty staple	274.00	548.00
	12	pcs	tissue	12.00	144.00
	6	pcs	pilot BSP F ball point pen black	21.00	126.00
	6	pcs	pilot BSP F ball point pen blue	21.00	126.00
	3	pcs	oorrection tape	42.00	126.00
	2	pcs	marker pentelpen fine blue pilot	34.00	68.00
	2	pcs	marker pentelpen fine black pilot	34.00	68.00
	- 1	рс	ink pilot black	74.00	74.00
	_ 1	рс		74.00	74.00
			** nothing follows**	Total	2,207.00

HARMANIA FLATHING

Conditions

- 1 The agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the total value of undelivered order for each day of the delay as iquidated damages
- 2 Render your bills in triplicate copies including the original
- 3 If the date of the receipt of the PO by the dealer is not indicated it shall be deemed received on the 10th working day from the date of the approval of the P O
- 4 For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts, should be submitted by the supplier

unds available in the amount of

trollership Unit/Head -Designate

Very truly yours.

Chief Management Services Division

Approved

DATU MASIDING M. ALONTO, JR. 3/12 RVP PRO-10

Received copy of PO on

Ground Floor, Xavier University Gorrales Avenue Street

7 LL N 729159

BY

Name and Signature of Supplier/Representative