REPUBLIC OF THE PHILIPPINES

Philippine Health Insurance Corporation
6ftr.Trinidal Bidg, Yadapin-Corrales Sts
Cagayan de Oro City
Telefax # 71-12-06

## PURCHASE ORDER

Supplier:	PHILTYRES, CORPO	RATION	
Address :	Cag. De oro City		
	00022-723-640		

RIV#

183-02R

Date:

February 27, 2013

130 P-082 PONo March 12, 2013 Date

Terms of payment Mode of Procurement 20-3 Sh DAYS pping

Supplier Registered with ·

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

11-14	ITEM DESCRI		UNIT PRICE	TOT	L AMT.		
NO. QTY. Unit	als for vehicle	maintenance					
of Mite	uhishi Adven	ure,SGS 594					
	Brake pa	ds	T,205.40		1,205.40		
set	ension bush	ngs (upper)	344.40		688.80		
	ension bush	ngs (lower)	430.50		861.00		
pcs Sus	engion ousin	right & left Y	1,045.50		2,091.00		
pcs/ Steeri	ng rack ends	(right & left)	1,968.00		3,936.00		
/2 pcs/	e rod ends (r	gntalett			8,782.20		
XXXXX	exchothing fo	lowsxxxxxxx	total		XXXXXX	7	
				***	*****	4	
			-	-		1	
			-				7
			6 4 1 1 1 1		1.77	2013	1.1
			William.	1 2 7 7 1	-		
			-				
			-			,.,	
			1	. 1:: 6		<b>过: 46</b> 8	P
						(3.4% P	
							. where
				*			
						_	
				-			

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 liquidated damages.

2. Render your bills in triplicate copies including the original.

3. If the date of the receipt of the P.O. 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 DOQUMENTS specifically showing the condition, senal numbers of the equipment purchased and tay receipts, should be submitted by the supplier.

of the equipment purchased, and tax receipts, should be submitted by the supplier.

782 FRANCIS A. DACUY

Comptrollership Unit Head -Designate

Very truly yours,

MARIA RHOUELLAS. PARE
Chief Management Services
Divisior

Approved:

DATU MASDING M. ALONTO, JR. 3 13 RVP PRO-10

Received copy of P.O. on

-14

Name and Signat

Supplier/Represe