REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation 6flr. Trinidad Bldg, Yacapin-Corrales Sts. Cagayan de Oro City Telefax # 71-12-06

PURCHASE ORDER

Supplier:

COPYLANDIA

Address:

Cagayan de Oro City

Tel/Fax: RIV#:

08822-747-68

206-03R

Date:

March 4, 2013

P.O.No.

1303P-089

Date :

March 20, 2013

Terms of payment

20-30 DAYS

Mode of Procurement:

Exclusive dist.

Supplier Registered with:

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

NO.	QTY.	Unit	ITEMIDE	SCRIPTION	HAUT DOLOT	
	50	units	KISOgraph Ink RZ Bla	ck HD /2unita nont	UNIT PRICE	TOTAL AMT.
			XXXXXXXXXXXXXXXXX	ing followsxxxxxxxxxxx	1,600.00	80,000,00
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				Cont.		
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ditions:						

- 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.

-Designate

Approved:

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 DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased and tax receipts, should be submitted by the supplier.

Comprollership Unit Head

80,000

Very truly yours,

MARIA RHODELLA S. PARE Chief Management Services Division

Received copy of P.O. on

BY: Price Paragraphics

Name and Signature of

Supplier/Representative