

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: **PHILTYRES CORPORATION**  
Address: **Cagayan de oro city**  
Tel/Fax: **08822-72-36-40**  
RIV #: **248-03R**  
Date: **March 12, 2013**

P.O.No.	<b>1303P-090</b>
Date :	<b>March 22, 2013</b>
Terms of payment :	<b>20-30 DAYS</b>
Mode of Procurement :	<b>Local shopping</b>

Supplier Registered with :

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

[illegible]

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

Funds available in the amount of ~~P~~ 6,002.40.

Very truly yours,

**FRANCIS A. DACUT**  
Comptrollership Unit Head -Designate

**MARIA RHOELLA S. PARE**  
Chief Management Services  
Division

Approved :

DATU MASIDING M. ALONTO, JR.  
RVP PRO-10

Received copy of P.O. on March 25, 2013

BY: Uican, Marjorie  
Name and Signature of  
Supplier/Representative