

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

PURCHASE ORDER

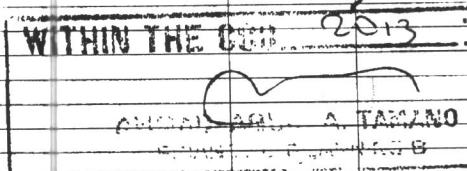
Supplier: **PC AND PAPER SHOP**
 Address: **Cagayan de Oro City**
 Tel/Fax: **088-851-2147**
 RIV #: **242-03R**
 Date: **April 8, 2013**

P.O.No **1305P-136**
 Date: **May 6, 2013**
 Terms of payment: **20-30 DAYS**
 Mode of Procurement: **Shopping**

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.
	60	boxes	Continuous forms, 3ply, 11 x 10 5/8	1,180.00	70,800.00
	18	carts	HP laserjet 4015n, toner	7,680.00	138,240.00
	6	carts	Toner, 10A HR for 2300n laserjet	6,600.00	39,600.00
			xxxxxxxxxxxxxxxxxxxxxxxxxxxx total		248,640.00
					XXXXXXXXXX



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=248,640.-**

Very truly yours,

FRANCIS A. DAZIT
 Comptrollership Unit Head -Designate

MARIA RHOELLA S. PARE
 Chief Management Services
 Division

Approved

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

Received copy of P.O. on **May 10, 2013**

BY: **ROZIN R. DE LA NTE**
 Name and Signature of
 Supplier/Representative