

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Lynzee's Bldg., #766 J. Rosales Ave., Butuan City
 Tel.# 341-1159 / 341-6488 / 342-6992

PURCHASE ORDER

Supplier: RINOGRAFIX PRINTSHOP ENTERPRISE	P.O. No.: 02-13-038
Address: <u>South Monitlla Blvd., Butuan City</u>	Date: <u>February 11, 2013</u>
Tel/Fax No.: <u>341 7466</u>	Mode of Procurement: <u>Local Shopping</u>
Supplier Registered with: <u>DTI No.</u>	

Gettlemen :
 Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : PhilHealth Regional Office - Caraga Delivery Term : 30 calendar days
 Date of Delivery : February 15, 2013 Payment Term : on account

Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pc.	Framed Certificate of Appreciation - size (certificate): 8.5" x 11" - should include printing of certificates	8	150.00	1,200.00
	Less : WVAT gross/1.12 x 5%		53.57	
	EWT gross/1.12 x 1%		10.71	
				64.28
				1,135.72

RIV# 13-01-012 dtd. 1/9/13

(Amount in Words) **ONE THOUSAND TWO HUNDRED PESOS ONLY**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one (1) percent of every day of delay shall be imposed.

<p>CONFORME:</p> <p style="text-align: center;"><u><i>[Signature]</i></u> Signature over printed name of Supplier</p> <p style="text-align: center;"><u>Feb 13, 2013</u> DATE</p>	<p>APPROVED : <u><i>[Signature]</i></u> ^{2/13}</p> <p>JOHNNY Y. SYCHUA Regional Vice President Head of Procuring Entity</p>
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Funds Available : <p style="text-align: center;"><u><i>[Signature]</i></u> JULIETA L. BARIQUIT, CPA, MBA Fiscal Controller IV</p>	BRO No.: _____ Amount : P 1,200.00
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