## 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**

P.O. No.:

07-13-183

Supplier: COMPAÑERO COMMERCIAL

| Tel/Fax No.: 342-9111 Supplier Registered with: DTI #  |            |
|--|------------|
| Gettlemen: Please furnish this office the following articles subject to the terms and conditions contained herein: Place of Delivery: PhilHealth Regional Office - Caraga Date of Delivery: AUG 1 2 2013 Delivery Term: 25 calendar days Payment Term: on account  Unit ITEMS DESCRIPTION QTY. UNIT COST AI  units Calculator, 12-digits, heavy duty 3 285.00  Less: WVAT gross/1.12 x 5% 38.17  |            |
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| Less: WVAT gross/1.12 x 5% 38.17   | MOUNT      |
| The second secon | 855.00     |
| The second secon |            |
| The second secon |            |
|  | 45.80      |
|  | 809.20     |
|  |            |
|  |            |
| NOTE: Original copy of RIV, Call for Quotation, Abstract of Canvass attached to PO# 07-13-182 dtd. 7/8/13, Sungold Commercial  |            |
| WITHIN THE COB. 2018 11/4-10 MARCEL TON. MAGTIBAY FE AI BUDGEL OFFICER III DESIGNATOR  |            |
| (Amount in Words ) EIGHT HUNDRED FIFTY FIVE PESOS ONLY   |            |
| In case of failure to make the full delivery within the time specified above, a penalty of one-tender of one (1) percent of every day of delay shall be imposed.   | nth (1/10) |
| APPROVED:  | /          |
| CONFORME:  JOHNNY Y. SYCI  Regional Vice Pres  Head of Procuring   | sident     |
| Signature over printed name of Supplier  |            |
| DATE Dignature over printed name of Supplier   |            |
| Funds Available :  |            |
| JULIETA L. BARIQUIT, CPA,MBA  Fiscal Controller IV  BRO No.: CRG-13-017-01(N  Amount : P 855.00  |            |