



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
**PHILHEALTH REGIONAL OFFICE - XI**

Valgosons Building Bolton Extension, Davao City

Telefax (082) 295-3382

www.philhealth.gov.ph



**PURCHASE ORDER**

Supplier: <b>The Value System Philippines, Inc.</b>	PO NO. <b>13-07-178</b>
Address: <b>Door #2 DBC Building, E. Quirino Avenue, Davao City</b>	PO Date: <b>July 29, 2013</b>
Contact No. <b>295-3469</b>	Terms of Payment: <b>15 days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 201-536-013-002	Mode of Procurement: <b>Public Bidding</b>

Please Deliver to this Office within 15 days from Receipt hereof the following:

RIS NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1212-06-14	1	13	units	Desktop Computers with UPS	38,078.00	495,014.00
	2	4	units	Dot Matrix Printers	38,340.00	153,360.00
	3	4	units	Network Laserjet Printers	25,496.00	101,984.00
				****Nothing follows***		750,358.00
<div>less: 1/2 33,498.13 1/2 6,699.63 <u>40,197.76</u></div>						<div><u>40,197.76</u> <u>710,160.24</u></div>

Conditions:

- 1 The agency shall impose penalty in an amount equivalent to 1/10 of 1% 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 is deemed received on the 10th working day of the approval of the P.O.
- 4 For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Very truly yours,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2013 BRO No. <u>XI-17-156-09</u> Charge to: <u>CONTINUING APP-CAPEX</u> Exp. Code <u>278-20</u> Amount <u>P750,358.00</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ATTY. ARNEIL B. SUBIBI</b> Division Chief IV	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
Received copy of P.O. on _____ Received by: <u>GRACE R. BERNARDO</u> <u>8/12/13</u>		Conformed: _____ Supplier/Representative _____ Date _____	