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: **ORVILLE B. VELOSO**
Address: Butuan City
Tel/Fax No.: none
Supplier Registered with: **DTI #**

P.O. No.: **04-14-084**
Date: April 16, 2014
Mode of Procurement: Local Shopping

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 : MAY 16 2014

Delivery Term : **20 calendar days**
Payment Term : **COD**

| Unit | ITEMS DESCRIPTION | QTY. | UNIT COST | AMOUNT |
|---|---|---|---|---|
| pcs. | Rubber Stamp " **by authority of the RVP**" | 3 | 200.00 | 600.00 |
| pcs. | Rubber Stamp " **EDUARDO S. GONZALEZ**" | 3 | 180.00 | 540.00 |
| pcs. | Rubber Stamp " **NIMFA S. JAMERO**" | 1 | 80.00 | 80.00 |
| | | | | 1,220.00 |
| | Less: NVAT gross x 3% 36.60 | | | |
| | EWT gross x 1% 12.20 | | | 48.80 |
| | | | | **1,171.20** |
| | WITHIN THE COB 2014<br>774-10<br>MARCELITO M. MAGTIBAY<br>FE A/BUDGET OFFICER III DESIGNATE | | | |
| | RIV# 14-03-075 dtd. 3/12/14 | | | |

(Amount in Words ) **ONE THOUSAND TWO HUNDRED TWENTY 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.

**CONFORME:**

ORVILLE B. VELOSO
Signature over printed name of Supplier

04 - 29 - 2014
DATE

APPROVED :

**JOHNNY Y. SYCHUA**
Regional Vice President
Head of Procuring Entity

Funds Available :

**JULIETA L. BARIQUIT, CPA,MBA**
Fiscal Controller IV

BRO No.: **CRG-14-017-01 MOOE)**
Amount : **₱ 1,220.00**