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.: **05-14-109**
Date: May 28, 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 : _____

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

Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pc.	Rubber Stamp " Ephrelyn C. Ciano"	1	250.00	250.00
pc.	Rubber Stamp " SOTICO M. CASCARA"	1	120.00	120.00
pc.	Rubber Stamp " JOHNNY Y. SYCHUA"	1	120.00	120.00
pc.	Rubber Stamp " EDUARDO S. GONZALEZ"	1	120.00	120.00
	(Please see attached sample)			610.00
	Less: NVAT gross x 3% 18.30			
	EWT gross x 1% 6.10			24.40
				585.60

WITHIN THE COB 2014
774-10
MARCELITA V. MACTIBAY
FE A/BUDGET OFFICER III DESIGNATE

RIV# 14-03-080 dtd. 3/18/14; 14-03-087 dtd. 3/25/14

(Amount in Words) **SIX HUNDRED TEN 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.

APPROVED :

JOHNNY Y. SYCHUA
Regional Vice President
Head of Procuring Entity

CONFORME:

ORVILLE B. VELOSO
Signature over printed name of Supplier

04 - 12 - 14
DATE

Funds Available :

JULIETA L. BARIQUIT, CPA,MBA
Fiscal Controller IV

BRO No.: **CRG-14-164-09 MOOE)**
Amount : **P 610.00**