Supplier: BUTUAN BRAKE CENTER

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**

06-14-115

P.O. No.:

Address: Langihan Road, Butuan City		Date:		June 2, 2014
Tel/Fax	« No.: <u>342-5503</u>		Mode of	
			Procurement:	Local Shopping
Supplie	er Registered with: DTI No.			
	**			
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 : 10 calendar days				
Date o	f Delivery :	Paymer	nt Term : <u>C O D</u>	
A. T	THE STATE OF THE S			T
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
200	SPARE PARTS FOR ISUZU HILANDER:		1	
pc.	Shoe, brake, RR (DP)	2	295.00	590.00
pc.	Shoe, brake, RR	1	295.00	295.00
pc.	Shoe, brake, RR	1	295.00	295.00
TO 1.1345-11743-1			200.00	1,180.00
Adding	Ligation field, F			1 10000000
FedF.	Min migration is an income of the control of the co			
Super			7	
-0111D44	Less: WVAT gross/1.12 x 5% 52.68			1
Gostinii	EWT gross/1.12 x 1% <u>10.54</u>			63.22
	Officer has a refer to a second		-	1,116.78
	200			
Hade 1	METORIA MARKET BOOKER D			
Dahari	Compression of the compression o			
Plant.	NOTE: Original copy of RIV, Call for Quotation and Abstract of Canvass			
	attached to PO# 06-14-114 dtd. 6/2/14, A.Y. Butuan Auto Supply			
NIT-	da granes regard			
100	Shire ramin a 1080			
	Specialists within THE COR. 2014			
AF.	847-00 A		V: +0	V
	A SEE AND LONG I MARCELL MARCHINAY			
12012	FE A BUDGET OF YORK IN DESIGNA			
	91			
/Amou	RIV# 14-04-109 dtd. 4/29/14  nt in Words ) ONE THOUSAND ONE HUNDRED EIGHTY	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:	6/P
	N. Dereck at		h. /	
371/150			12. JOHNN	Y Y. SYCHUA
			Regional	Vice President
	CONFORME:		Head of H	Procuring Entity
	(10-1 08 - 1)			
	Signature over printed name of Supplier	-		/^/
N .	Signature over printed harne or Supplier			\
	(24/0- 14			v. <b>A</b> 1
	DATE			
	0.37			
Funds Available :				
Arr	1			
Halling	M			14-164-09 (MOOE)
of e	JULIETĂ L->BARIQUIT, CPA,MBA		Amount : <u><b>P 1,18</b></u>	0.00
1	Fiscal Controller IV			