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: **TWENTY SEVEN PRINTS**
Address: Butuan City
Tel/Fax No.: ____________
Supplier Registered with: **DTI No.**

P.O. No.: **09-14-201**
Date: September 29, 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 : OCT 2 1 2014

Delivery Term : **15 calendar days**
Payment Term : **on account**

Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
pc.	Magic Mug with box	320	140.00	44,800.00
	Less : WVAT gross/1.12 x 5% 2,000.00			
	EWT gross/1.12 x 1% 400.00			2,400.00
				42,400.00
	RIV# 14-09-238 dtd. 9/16/14			

(Amount in Words) **FORTY FOUR THOUSAND EIGHT HUNDRED 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 :

10/1

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

CONFORME:

JESSA SEMING
Signature over printed name of Supplier

10-07-14
DATE

Funds Available :

JULIETA L. BARIQUIT, CPA,MBA
Fiscal Controller IV

BRO No.: **CGA-14-164-09 (MOOE)**
Amount : **₱ 44,800.00**