## 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: PAPER COUNTRY INN		P.O. No.:	BC-02-14-001	
Address: Bislig City, Surigao del Sur		Date:	February 12, 2014	
1	Registered with: DTI#		Mode of Procurement:	Local Shopping
Gettlemen:				
Please furnish this office the following articles subject to the terms and conditions contained herein:				
and the second control of the second control			Term : <u>15 worki</u>	The state of the s
Date of Delivery : Payment Term : on account				
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT
	19th PhilHealth Anniversary Celebration Activity			
	Snacks only	20	145.00	2,900.00
pax	Morning Snacks: Special Burger	20	145.00	2,900.00
	Iced Tea			
pax	Afternoon Snacks	20	125.00	2,500.00
,	Special Mamon			
	Iced Tea			5,400.00
				5,400.00
	Less: WVAT gross/1.12 x 5% 241.07			
	EWT gross/1.12 x 1% <u>48.21</u>			289.28 5,110.72
				3,110.72
	Acti			
	WITHIN THE COB 2014	1	^	
	MARCEL M MAGTIBAY			
	FE ATBUDGET OFFICER III DESIGNAT.			
	* If services deviate or beyond the utilization mentioned above, Phili	 Health		
	shall pay based on actual, computed at per person rate			
	and pay based on actual, compared as per personal			
//	RIV# BC-14-02-002 dtd. 2/5/14	NII V		
(Amount in Words ) FIVE THOUSAND FOUR 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.				
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			APPROVED	Mn/
			JOHN	Y Y. SYCHUA
	/		A Regiona	Il Vice President
	Mysa D. Espadeen		Head of	Procuring Entity
			0 \ \	/
	Signature over printed name of Supplier	_	1	<b>N.</b> /
Signature over printed name of Supplier				
				\''
	PATE			
Funds	Available:			
	901'. Xab 03.03.44		BRO No.: CGA	A-14-017-01(MOOE)
	JULIETA L. BARIQUIT, CPA,MBA		Amount : P 5,	
	Fiscal Controller IV			