## 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: <u>LIFEWORKS PRINT HUB</u>			P.O. No.:	SF-12-14-015	
Addres	ss: <u>706 San Jose., Butuan City</u>		Date:	December 9, 2014	
Tel/Fax No.: <u>342-5522</u> Supplier Registered with: <b>DTI No.</b>			Mode of Procurement:	Local Shopping	
<u> </u>					
Gettler	nen : Please furnish this office the following articles subject to the te	rms and co	nditions contained	herein:	
Place (	of Delivery : PhilHealth Regional Office - Caraga	Delivery	Term : 30 calend	ar dave	
	f Delivery : JAN 0 9 2015		it Term : <u>on accou</u>		
	JAN 0 9 2013		······································		
Unit	ITEMS DESCRIPTION	QTY.	UNIT COST	AMOUNT	
рс.	Specimen Signature Card, US tagboard, size: 1/2(A4 size) (Please see attached sample)	1000	3.15	3,150.00	
	Less: WVAT gross/1.12 x 5% 140.63			400.70	
	EWT gross/1.12 x 1% <u>28.13</u>			168.76 <b>2,981.24</b>	
	·			2,901.24	
			•		
		ľ			
	DIV.// OF 44 40 040 NH 40 044				
(Λ mau	IRIV# SF-14-10-013 dtd. 10/3/14 Int in Words)THREE THOUSAND ONE HUNDRED FIFT	V PESOS	ONLV		
AIIIOU	In case of failure to make the full delivery within the time:			of one-tenth (1/10)	
of one	(1) percent of every day of delay shall be imposed.	opoomod a	bovo, a portatty o		
			APPROVED:	12/10	
			h. C:		
			PUMHOL	Y. SYCHUA	
			/ / Regiol∖al`	Vice President/	
	CONFORME:		Head of P	recurring Entity	
ě	Signature over printed name of Supplier				
	•				
	DATE				
Funds	Available :				
	$\Lambda_{ij} = -i \left( \frac{1}{2} - \frac{1}{2} \right)$				
	· · · · · · · · · · · · · · · · · · ·		BRO No.: CGA-1		
	<u>JULIETA L. BARIQUIT, CPA,MBA</u> Fiscal Controller IV		Amount : <u><b>P 3,150</b></u>	<u>).00</u>	