Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI
Valgosons Building, Bolton Extension, Davao City
Telephone Number 295-3382
www.philhealth.gov.ph

PURCHASE ORDER

Supplier: GAKKEN (PHILIPPINES), INC.	**PO NO.**	**16-01-001**
Address: Units 7 & 8 Lapu-lapu Tower, Lapu-lapu Street, Agdao, Davao City	**PO Date:**	**January 7, 2016**
Contact No. 295-3861	**Terms of Payment:**	**15 days**
[x] VAT [ ] NON-VAT TIN:004-475-204-002	**Mode of Procurement:**	**Local Shopping**

Please Deliver to this Office within 15 days from Receipt hereof the following:

RIS NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1601-06-25	1	36	cartridges	Ink, for Duplo 514K	742.00	26,712.00
	2	3	pieces	Master Roll, DR-875	3,530.00	10,590.00
				For replenishment of printing supplies		37,302.00
				******* nothing follows *******		

less: tax 5% 1,665.27

V. 333.05

1,998.32

₱35,303.68

Conditions:

1 The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages

2 Render your bills in triplicate copies including the original.

3 If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.

4 For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Very truly yours,	PRO-XI Budget FY 2016 BRO No. _____ Charge to: MOOE Exp. Code 7N-10 Amount ₱37.302.00	Recommending Approval:	Approved by:
GARY S. VELAYO Administrative Officer IV	**PATRICK ANGELO L. UY** Budget Officer Designate	**ARNEIL B. SUBIBI** Division Chief IV	**DENNIS B. ADRE** Regional Vice President
Received copy of P.O. on _____		Conformed:	
Received by: _____		Supplier/Representative Date	