

## OK!

## 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:	EMCOR INC.					PO NO. 16-01-002			
Address:	Agdao Branch, J.P. Cabaguio Avenue, Davao City					PO Date: January 18, 2016			
Contact No.	0. 224-1568					Terms of Payment: 15 days			
x VAT		NON-VAT		TIN: 000-075-476-1	108	Mode of Procuremen		Local Shopping	
A					within 15 days from R	eceipt hereof the follo	owina:	Local Shopping	
RIS NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1601-06-28	1	3	sets	Television, LED, 42	inches, with Bracket	144	21,000.00	63,000.00	
				For PMAC (2) & LH Posted on GEPS: J	IIO Tagum (1) January 11, 2015		21,000.00	3,375. M \$59,625. N	
Conditions: The agency s	shall impose penalty in an amount equ			ivalent to 1/10 of 1% of th	ne total value of undelivers	ed order for each day of th	e delav as liquidated	i damanes	
Render your	bills in triplica	ite copies in	cluding the o	riginal.	to total value of undervere	or order for each day of th	e delay as liquidated	damages	
					ed received on the 10th we	orking day of the approval	of the P.O.		
For imported	items, IMPO	RTANT DO	CUMENTS S	PECIFICALLY showing I	the condition(s) and serial	numbers of the equipmen	t must be presented	upon delivery	
PRO-XI Budget FY 2016 BRO No Charge to:				udget FY 2016		Recommending Approval:		Approved by:	
dem		23	Exp. Code	Amount 127.000	Cui		d~		
ARY S. VELAYO PATRICK ANGELO L UY					ARNEII R SUR	IL B. SUBIBI DENNIS B. ADRE			
dministrative (			11	er Designate	Division Chief IV, I				
eceived cop	-		1,	+ 10	Conformed:		Regional Vice Pre	SILETIL	
eceived by:_	1	W.	1/25/	16	- ke				
		_			Supplier/Represe	entative		Date	