

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Davao City

Telephone Number 295-3382



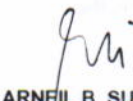
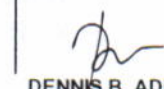
www.philhealth.gov.ph

PURCHASE ORDER

Supplier: NEED INK SALES & SERVICES				PO NO: 16-01-004		
Address: Door 18 Gahol Building, DMSF Drive, Davao City				PO Date: January 18, 2016		
Contact No. 300-2373, 321-5244				Terms of Payment: 15 days		
<input checked="" type="checkbox"/> VAT		<input type="checkbox"/> NON-VAT		TIN: 206-149-524-006		
				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
1501-06-16	1	26	carts	Toner, CC364A For replenishment of printing supplies *****nothing follows***** less: tax 57. 6,732.14 1/ 1,346.83	5,800.00	150,800.00
						8,078.57 <u>\$ 142,721.43</u>

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,  GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>M00E</u> Exp. Code <u>785-60</u> Amount <u>\$ 150,800.00</u>  PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval:  ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by:  DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by: <u>JADE TAMBAR</u>		Conformed: _____ Supplier/Representative _____	
		Date <u>2-2-16</u>	