

Received by:

Republic of the Philippines

Ole -

PHILIPPINE HEALTH INSURANCE CORPORATION **PHILHEALTH REGIONAL OFFICE - XI**

Valgosons Building, Bolton Extension, Davao City



					ephone Number 295-3382			Section School Control	
				PURCH	WWW.philhealth.gov.ph	RDER			
Supplier:	TRANSWA	AY SALES	CORPORA	TION		PO NO.	16-01-008		
Address:	128 R. Ma	gsaysay /	Avenue, Dav	ao City		PO Date:	January 22, 201	6	
Contact No.						Terms of Payn			
x VAT	□ NON-VAT TIN: 000-077-402					Mode of Procurement: Local Shopping			
22				Deliver to this Office w	ithin 15 days from				
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1601-06-49	1	1	unit	Battery, 11-Plates - I		(G.50 EVZ)	5,070.00	5,070.00	
	2	1	unit	For Toyota Innova (S Battery, 13-Plates - I			6,730.00	6 720 0	
		,	unit	For Nissan Frontier			0,730.00	6,730.00 11,800.00	
				Posted on GEPS: Ja				11,000.00	
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Conditions:									
1 The agency	shall impose	e penalty in	an amount ed	quivalent to 1/10 of 1% of t	the total value of unde	ivered order for each	day of the delay as liquida	ted damages	
2 Render you	the state of the s		CONTRACTOR OF THE PARTY OF THE						
3 If the date of	of the receipt	of the P.O.	by the dealer	is not indicated, it is deem	ned received on the 10	th working day of the	approval of the P.O.	entry the stee, privately agreed to 12 of	
4 For importe	d items, livin	ORIANIL	OCUMENTS	SPECIFICALLY snowing	the condition(s) and se	erial numbers of the e	equipment must be presente	ed upon delivery.	
-			PRO-XI B	PRO-XI Budget FY 2016 Recommending			g Approval: Approved by:		
			BRO No	***			1000		
			Charge to:		6				
			Exp. Code 774-10	Fll 200			1		
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GARY S. VELAYO			PATRICK ANGELO L. UY			JBIBI	DENNIS B. A	DRE	
Administrative Officer IV			Budget Office	cer Designate	Division Onief I	/, MSD	Regional Vice P	resident	
Received co	py of P.O.	on	1	_ 1/3	Conformed:	1 61			
Deseived				1	Ch.	Thia Calas		7/2/11.	
Received by:					1 1	MAC		110	

Supplier/Representative

Date