

## 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:	PHILCOPY CORPORATION					PO NO.	NO. 16-01-016		
Address:	# 6 Surveyor St., Doña Vicenta Vill, Bajada, Davao City					PO Date:	January 25, 2016		
Contact No.						Terms of Payment:	15 days		
x VAT		NON-VAT	92 - 1	TIN: 000-169-318-000	0	Mode of Procureme	nt:	Local Shopping	
				eliver to this Office with		eceipt hereof the foll	owing:		
PR NO.	Item No.	Qty	Unit	T TV 0444	Item Description		Unit Cost	Total Cost	
1601-06-17		5	cartridges	Toner, TK-3114 For replenishment of ***********************************		20	8,064.00	40,320.00 2,160.N + 78,160.N	
Conditions									
Conditions:  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  Render your bills in triplicate copies including the original.  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.  For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.									
Very truly you		2_	BRO No Charge to:_ Exp. Code 785-00	Mode Py 2016  Mode Amount Py0, 720	Recommending		Approved by:		
Administrative Officer IV Budget Officer Designate					ARNEIL B. SUE	BIBI	DENNIS B. ADRE		
			buaget Office	er Designate	Division Chief IV		Region	al Vice President	
Received co		UII		_ 7	Contained:			2/3/16	
					Supplier/Repres	entative		Date	