

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

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382





PURCHASE ORDER

Supplier:	DIGITAL INTERFACE					PO NO. 16-01-017		
Address:	ess: Pryce Business Park, J.P. Laurel Avenue, Davao City					PO Date:	January 22, 2016	
Contact No.	221-1256,	224-0871	(fax)			Terms of Payment: 15 days		
X VAT	☐ NON-VAT TIN: 113-000-264-828				8	Mode of Procurement: Local Shopping		
Please Deliver to this Office within 15 days from Receipt hereof the following:								
PR NO.	Item No.	Qty	Unit	00 111	Item Description		Unit Cost	Total Cost
1601-06-13	1 2	50 6	pieces	CD, recordable Ink Cartridge, C93510	C no 21		11.00	550.00
	3	50		Ribbon, SO15639	G, no. 21		714.00 147.00	4,284.00
	4	50		Ribbon, SO15327			337.00	7,350.00 16,850.00
	5	10		Ribbon, SO15073			129.00	1,290.00
				For replenishment of	IT supplies		30,324.00	
				Posted on GEPS: Ja			7.0	
				******* nothing follows *******				
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Conditions:								
1 The agency	shall impose	e penalty in	an amount eq	uivalent to 1/10 of 1% of the	e total value of undelive	ered order for each day o	f the delay as liquidate	ed damages
And the second s			including the					
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				udget FY 2016	Recommending	Approval:	Approved by:	
250 Sec. 50			BRO No	101.6	3 7,		5 45 m (5 d m	
Charge to: MODE Exp. Code Amount 785-00 724								
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CARY & VELAYS				1me	1 001		1000	A
GARY S. VELAYO Administrative Officer IV Budget Officer Designate				11	ARNEIL B. SUB			
			Budget Office	er Designate	. Division Chief IV,	MSD R	egional Vice Preside	ent
Received copy of P.O. on Conformed:								
Received by: Senior Accepting Executive (77 - 02 - 14								
			- Handward		Supplier/Repres	entative	ī	Date