

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:	COLUMBIA COMPUTER CENTER DAVAO, INC.					PO NO. 16-01-019			
Address:	City Triangle - CM Recto corner Roxas Avenue, Davao City				City	PO Date:	January 25, 2016		
Contact No.	221-1475, 221-1678, 226-4222, 221-1474 (fax)					Terms of Payment:	15 days		
X VAT		NON-VAT	-	TIN: 005-168-902		Mode of Procureme		Local Shopping	
			Please D	eliver to this Office wi			owing:		
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1601- 06-13	1	4		Ink Cartridge, PG 81			706.00	2,824.00	
1	2	4	cartridges	Ink Cartridge, CL 811			934.00	3,736.00	
				For replenishment of	The second secon			6,560.00	
				Posted on GEPS: Ja				F)	
				******* nothing follows	s *******				
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				1087-10	x 57, 492	86		(Processors) 1999	
					× 57, 292	57		351.43	
					1			\$ 6,208.57	
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2						7.			
Conditions:									
	shall impose	e nenalty in	an amount equ	invalent to 1/10 of 19/ of th	a total color of a dall		_	Serve Zanasa and Control (CONTROL CONTROL	
2 Render your	bills in tripli	cate copies	including the	uivalent to 1/10 of 1% of th	le total value of undelive	ered order for each day of	the delay as liquidat	ted 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.									
							on made be presente	a apon delivery.	
Very truly yours, PRO-XI Budget FY 2016 BRO No Charge to:				idget FY 2016	Recommending	Approval:	Approved by:		
				MARE					
	Exp. Code Amount				-				
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GARY S. VELAYO PATRICK ANGELO L. UY				ARNEIL B. SUB	IBI	DENNIS B. ADRE			
Administrative Officer IV Budget Officer Designate					Division Chief IV,	MSD Re	egional Vice Presid	ent	
Received cop	y of P.O.	on			Conformed				
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Received by:							2	771	
					Supplier/Repres	entative		Date	