

**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: <b>G-3 SUPPLY &amp; MARKETING</b>	PO NO. <b>16-01-021</b>
Address: <b>61-A Mimric Bldg., Sta. Ana Avenue, Davao City</b>	PO Date: <b>January 25, 2016</b>
Contact No. <b>227-3494/305-0397</b>	Terms of Payment: <b>15 days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN:936-622-461	Mode of Procurement: <b>Local Shopping</b>

Please Deliver to this Office within 15 days from Receipt hereof the following:

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1601-06-26	1	1	piece	Clutch Cover	9,900.00	9,900.00
	2	1	piece	Clutch Disc	5,000.00	5,000.00
	3	1	piece	For Mitsubishi Adventure (SGJ-771)		
1601-06-27				Brake Pad	1,460.00	1,460.00
				For Toyota Innova (SKS-348)		
	4	150	liters	Engine Oil	250.00	37,500.00
	5	6	quarts	Brake Fluid	220.00	1,320.00
	6	8	pieces	Oil Filter, C-512	295.00	2,360.00
	7	10	pieces	Oil Filter, C-209	275.00	2,750.00
	8	6	pieces	Grease, Hi-Temp, top-1	300.00	1,800.00
	9	6	quarts	ATF Fluid	195.00	1,170.00
	10	6	pieces	Silicon Gasket, black	120.00	720.00
	11	2	rolls	Electrical Tape, big	37.00	74.00
	12	2	pieces	Teflon, big	50.00	100.00
	13	1	piece	Air Gauge	470.00	470.00
	14	12	liters	Coolant	360.00	4,320.00
For Shop use & PRO XI Vehicles						68,944.00
Posted on GEPS: January 11, 2016						
***** nothing follows *****						
less: tx 5. 3,077.86 1% 615.57						3,693.43 \$ 65,250.57

**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 yours,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MODE</u> Exp. Code <u>847-11</u> Amount <u>\$68,944.</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEIL B. SUBIBI</b> Division Chief IV, MSD	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
Received copy of P.O. on _____		Conformed: _____	
Received by: <u>ms 2/2/16</u>		Supplier/Representative _____ Date _____	