

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:	PRINCE EDUCATIONAL SUPPLY					PO NO. 16-01-024			
Address:	132 Bolton Street, Davao City					PO Date:	January 26, 201	16	
Contact No.	226-3617, 227-1983, 300-0161 (fax)					Terms of Payment:	15 days	-0	
x VAT		NON-VAT		TIN: 178-130-560		Mode of Procureme		Local Shopping	
NA VAI		TON VAI		eliver to this Office with	hin 15 days from R			Loou. Gnopping	
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1601-06-21		5	packs	Index Card, 3 x 5, 500			87.50	437.50	
J. A. H. G. S. H. G. H. S. L.		12	pieces	Notebook, Stenograph			10.95	131.40	
		45	pieces	Stapler, BY			315.00	14,175.00	
		30	pads	Stick-on Note Pad, 51	mm x 51 mm. 400) sheets/pad	140.00	4,200.00	
		30	pads	Stick-on Note Pad, 75			27.50	825.00	
		30	pads	Stick-on Note Pad, 76			22.00	660.00	
1601-06-23		6	pieces	EDP Binder, 11.3 x 15			59.75	358.50	
		7	pieces	Cash Book (Gen. Forr			450.00	3,150.00	
		10	packs	Paper, carbon, A4	,		128.00	1,280.00	
		10	packs	Paper, card board, A4	1. 10 pieces per pa	ck	27.50	275.00	
		5	packs	Paper, vellum board,			28.50	142.50	
		10	sheets	Paper, vellum, A4	,		2.75	27.50	
		10	packs	Photo Paper, premiun	n grade, A4, 15 pie	eces per pack	60.00	600.00	
			pasino	For replenishment of		ooo por paor	00.00	26,262.40	
		Posted on GEPS: January 11, 2016							
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Conditions:			70						
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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.									
4 For importe	d items, livir	OKTANTE	COUNTENTS	SPECIFICALLY SHOWING U	T	al numbers of the equipm	lent must be present	ted upon delivery.	
Very truly yours,					Recommending	Approval:	Approved by	5)	
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GARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. SU	BIBI	DENNIS B. ADRE		
Administrative	Officer IV		Budget Offic	er Designate	Division Chief IV	MSD	Regional Vice Presi	dent	
Received copy of P.O. on WW Conformed:									
FEB 0 2 2016									
Received by.									
					Supplier/Repres	sentative		Date	