

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: <b>APO TOURIST TRANSPORT COOPERATIVE</b>	PO NO. <b>16-02-027</b>
Address: <b>Marietta Building, Tin Pan Alley, Jacinto Street, Davao City</b>	PO Date: <b>February 1, 2016</b>
Contact No. <b>0922-8969634</b>	Terms of Payment: <b>15 days</b>
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 006-501-148	Mode of Procurement: <b>Local Shopping</b>

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

RIS NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1601-06-46	1	1	lot	Trucking Services (to transport gang chairs & other equip.) For LHIO Mati	10,000.00	10,000.00
	2	1	lot	Trucking Services (to transport gang chairs & other equip.) For LHIO Digos	5,000.00	5,000.00
***** nothing follows *****						
<div>less: tax 5% 450.00 2% 300.00 <u>750.00</u></div> <div><u>770.00</u> 14,250.00</div>						

**Conditions:**

- 1 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
- 2 Render your bills in triplicate copies including the original.
- 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,  <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>919-00</u> Amount <u>\$15,000</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 _____  Received by: _____		Confirmed: Supplier Representative	Date <u>2/17/2016</u>