

Supplier:

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





PURCHASE ORDER

COPYLANDIA OFFICE SYSTEMS CORPORATION

PO NO.

16-02-039

Address:	Carlos Villa-Abrille Building, J.P. Laurel Avenue, Bajada, Davao City					PO Date:	PO Date: February 5, 2016		
Contact No.						Terms of Payment: 15 working days			
x VAT		NON-VAT	<u> </u>	TIN: 002-332-000		Mode of Procureme	ent:	Local Shopping	
		Р	lease Deliv	er to this Office within					
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1601-06-38	1	For FMS Posted on GEPS: Ja ******** nothing follows				ilia x	16,000.00	48,000.00	
				1665: 1	2, 2, k	12.85 28.57	17	2,571·43 \$45,428.57	
				Year	-332				
2 Render you 3 If the date	of the receipt	icate copies	s including the by the deale	equivalent to 1/10 of 1% of e original. r is not indicated, it is deen SPECIFICALLY showing	ned received on the 10	Oth working day of the app	proval of the P.O.		
Very truly yours, PRO-XI Budget FY 2016 BRO No. Charge to: CAVEX Exp. Code DW-10 Amount DW-10 Amount				: CAVEX	Recommendi	ng Approval:	Approved by:		
GARY S. VELAYO Administrative Officer IV Budget Officer Designate					ARNEIL B. S.	_			
Received co	py of P.O.				Conformed:	1	1-7	plialita	
Received by	:				Supplier/Repr	EDA. RIEL esentative	_	Date	