

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>GAKKEN (PHILIPPINES), INC.</b>	PO NO. <b>16-02-040</b>
Address: <b>Acacia Street corner Quimpo Boulevard, Matina, Davao City</b>	PO Date: <b>February 5, 2016</b>
Contact No. <b>295-3861</b>	Terms of Payment: <b>15 working days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 004-475-204-002	Mode of Procurement: <b>Local Shopping</b>

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

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1601-06-38	1	2	units	Projector Screen, portable, tripod For FMS Posted on GEPS: January 14, 2016 ***** nothing follows *****  <div style="text-align: right; margin-top: 20px;">                         less: bx 57. 446.43                          1/ 89.29  <u>          </u> </div>	5,000.00	<div style="text-align: right;">                         525.72  <u>\$ 9,464.28</u> </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>CAPEX</u> Exp. Code <u>218-10</u> Amount <u>\$10,000</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEL 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: <u>KIMBERLY JOY DELA CRUZ</u>		Conformed: _____  Supplier/Representative _____ Date _____	