

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:	PROVO WATER REFILLING					PO NO.	16-02-041	
Address:	45 Sunris	e Village,	Matina Apla	ya, Davao City		PO Date:	February 5, 20	16
Contact No. 295-7060, 0946-6678997						Terms of Payment:		
The Williams								
VAT X NON-VAT TIN: 452-244-240-000 Mode of Procurement: Local Shopping Please Deliver to this Office within 15 working days from Receipt hereof the following:								
RIS NO.	Item No.	Qty	Unit		Item Description	in recorpt nercor un	Unit Cost	Total Cost
1512-06-04	1	241	containers	Drinking Water (Dec			40.00	9,640.00
1601-06-04	2	309		Drinking Water (Janu			40.00	12,360.00
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Conditions:								
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2 Render your	bille in triplic	penalty in	an amount equ	uivalent to 1/10 of 1% of th	e total value of undelive	red order for each day of	f the delay as liquida	ted 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. 								
4 For imported	items IMP	ORTANT DO	OCUMENTS S	PECIFICALLY showing th	ed received on the 10th v	working day of the appro	val of the P.O.	
		1	000111211100	TON TONEET SHOWING II	T condition(s) and sena	numbers of the equipm	ent must be presente	ed upon delivery.
Very truly yours, PRO-XI Budget FY 2016 BRO No				Recommending /	Approval:	Approved by:		
				10.0.5				
			Charge to:_	MODE		No.		
			Exp. Code	Amount				
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GARY S. VELAYO PATRICK ANGELO LUY					ARNEIL B. SUBI	IBI .	DENNIS B. ADR	F
Administrative Officer IV Budget Officer Designate				Division Chief IV, N	1000000	Regional Vice Pres		
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Received by:	mar	my 6	alm					3/8/2016
					Supplier/Represe	entative		Date