Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





16-02-043

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PO NO.

supplier:

EL CAMINO DELA SEDA VENTURES

Address:	R & T Yap	Building,	Bangoy Stre	eet, Davao City		PO Date: February 9, 2016					
Contact No.	300-7843,	3054774				Terms of Payment:	15 working days				
X VAT		NON-VAT		TIN: 924-842-597-002		Mode of Procureme		Local Shopping			
Please Deliver to this Office within 15 working days from Receipt hereof the following:											
PR NO. 1601-06-19	Item No.	Qty 50	Unit	Detergent Powder, 500	Item Description		Unit Cost 52.00	Total Cost 2,600.00			
1001-00-19	1/2	30	bags liter	Fabric Conditioner	o grams		65.00	1,950.00			
	/3	12	pieces	Floor Mat, rubber, was	shable		130.00	1,560.00			
	4	6	pairs	Working Gloves, rubbe			65.00	390.00			
				For replenishment of ja				6,500.00			
				Posted on GEPS: Jan				5225			
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Conditions:											
				quivalent to 1/10 of 1% of the	e total value of undeliv	ered order for each day	of the delay as liquidat	ted damages			
and the second second	NAME OF TAXABLE PARTY.	or seasoned to the season	including the	100000	d specified on the 40th		avel of the D.O.				
	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.										
		011111111111111111111111111111111111111		or con torteet showing an	o containon(a) and son	ar marribors or the equipr	T	sa apon activery.			
Very truly yo	ours,		PRO-XI B	udget FY 2016	Recommending	Approval:	Approved by:				
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Charge to: MODE											
Exp. Code Amount											
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GÁRY S. VELAYO PATRICK ANGELO UY					ARNEIL B. SUI		DENNIS B. ADR	E			
Administrative Officer IV Budget Officer Designate					Division Chief IV,		Regional Vice Pres	ident			
Received co	ppy of P.O.	on		_ 10	Conformed:	en's	7	1 1			
Pacaissad by	,-				NARVY C. F	1 1		2/20/16			
Received by					Supplier/Repres			Date			
					Suppliermeple						