

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: CALSON AIRCONDMASTER SERVICES	PO NO. 16-02-050
Address: 11 Quimpo Boulevard, Ecoland, Davao City	PO Date: February 9, 2016
Contact No. 297-3472, 299-2101 (fax)	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 159-375-469	Mode of Procurement: Local Shopping

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
1602-06-07	1	1	lot	Supply rubber mounting with labor of window type aircon unit For COA	850.00	850.00
	2	1	lot	Replacement of fan motor with labor of window type aircon For Comptrollership Unit	6,500.00	6,500.00
						7,350.00
				***** nothing follows *****		
				less: tax 3% 270.50 2% 147.00		367.50
						\$6,982.50

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,

PRO-XI Budget FY 2016

BRO No. _____

Charge to: MODE

Exp. Code 802-10

Amount \$7,250.00

GARY S. VELAYO

Administrative Officer IV

PATRICK ANGELO L. UY

Budget Officer Designate

Recommending Approval:

ARNEIL B. SUBIBI

Division Chief IV, MSD

Approved by:

DENNIS B. ADRE

Regional Vice President

Received copy of P.O. on _____

Received by: [Signature]

02/18/16

Confirmed: _____

Supplier/Representative _____

Date _____