Republic of the Philippines

INE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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



4-1-16

Date

				www.	philhealth.gov.ph			South Provided Control of States	
				PURCHA	SE O	RDER	16	03 0234	
upplier:	METRO P	LAZA				PO NO.	16-02-052		
Address:	J.P. Laurel Avenue, Davao City					PO Date:	February 10, 20)16	
Contact No.	221-5666, 227-6823					Terms of Payme	ent: C.O.D.		
x VAT	☐ NON-VAT TIN:000-077-146-000					Mode of Procure			
DD NO	Items No.			ver to this Office within 15		m Receipt herec	of the following: Unit Cost	Total Cost	
PR NO. 1601-06-33	Item No.	Qty 4	Unit	Electric Fan, heavy duty	em Description with stand (Dov	vell: STF-167B)	1,055.00	4,220.00	
	- 31	877.0	ALTO LICENSES	For LHIO Digos (3) & PI		Committee of the Commit			
				Industrial Stand Fan (Do For PRO XI (5), FOD (5)		The state of the s	1,150.00	28,750.00	
	3	2	units	Refrigerator, 6.0 cu. ft. (Samsung: RR19H10485A) For LHIO Digos (1) & LHIO Tagum (1)			11,275.00	22,550.00	
	4					4,875.00	4,875.00		
				Posted on GEPS: January nothing follows **		96.21		3,27xt.45 \$57,159.55	
0 100									
2 Render you 3 If the date	ur bills in trip of the receip	licate copie t of the P.O	s including th	equivalent to 1/10 of 1% of the se original. er is not indicated, it is deemed a SPECIFICALLY showing the	received on the 10th	n working day of the	approval of the P.O.		
BRO No			Recommending Approval:		Approved by	Approved by:			
Exp. Code				e Amount	ARNEIL B. SUBIBI DENNIS B. ADRE		RF		
Administrative Officer IV Budget Officer Designate					Division Chief IV			Regional Vice President	
Received co	MI SECTION SECTION				Copformed:	· Alexandria	30000	= - 155 U.S	

Supplier/Representative

Received by: