

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: EMCOR INC. | PO NO. 16-02-053 |
| Address: Agdao Branch, J.P. Cabaguio Avenue, Davao City | PO Date: February 10, 2016 |
| Contact No. 224-1568 | Terms of Payment: 15 working days |
| <input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 000-075-476-108 | 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 |
|------------|----------|-----|-------|---|-----------|---|
| 1601-06-33 | 1 | 5 | units | Exhaust Fan, heavy duty (Union) For LHIO Mati (2) & LHIO Tagum (3) Posted on GEPS: January 11, 2016 ***** nothing follows ***** <div style="text-align: right; margin-top: 20px;"> less: 1/2 x 57. 214.29 1/2 42.86 <hr style="width: 100px; margin-left: auto;"/> </div> | 960.00 | 4,800.00 |
| | | | | | | <div style="text-align: right;"> 257.15 <hr style="width: 100px; margin-left: auto;"/> <u><u>4,542.85</u></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, GARY S. VELAYO Administrative Officer IV | PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>CAPEX</u> Exp. Code <u>218-10</u> Amount <u>\$4,800.00</u> 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: <u>ALFRED GERONDIO</u> <u>2/22/16</u> | | Conformed: _____ Supplier/Representative _____ Date _____ | |