

Supplier:

Address:

NXT'GEN TECHNOLOGIES INC.

Door#5, Cruz Bldg. Sta. Ana Ave., Cor. Aklan St. Davao City

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



16-02-054

February 12, 2016

PURCHASE ORDER

PO NO.

PO Date:

Contact No.	Tele Fax 2	21-5591				Terms of Payment:	15 working day	'S
X VAT NON-VAT TIN:006-442-317					Mode of Procuremen		nt: Local Shopping	
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Conditions:								
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Very truly yours,		PRO-XI Budget FY 2016 BRO No. Charge to: CIMPOX Exp. Code Amount PR-10 PULLUM		Recommendin	g Approval:	proval: Approved by:		
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SARY S. VELAYO PA			PATRICK.	ANGELO L UY	ARNEIL B. SU	BIBI	DENNIS B. ADR	F
Administrative Officer IV			11 1		Division Chief IV	Division Chief IV, MSD Regional Vice Pre		ent
Received cop	y of P.O. o			M	Conformed:		/ seriesid	ont.
Received by:	Mr. Son	Partur	100	3/6/16				
					Supplier/Repre	sentative		Date
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