Se Alleria

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





PURCHASE ORDER

| Supplier: | CASI MARKETING CORPORATION | | | | | PO NO. 16-02-055 | | | |
|--|--|-----------------|-----------------------|---|-------------------------|---|---------------------------|---------------------|--|
| Address: | McArthur Highway, Matina, Davao City | | | | - 1 | PO Date: | February 12, 20 | 16 | |
| Contact No. | 297-6585 | | | | | Terms of Payment: 15 working days | | | |
| x VAT | | NON-VA | Г | TIN: 000-074-217 | | Mode of Procuremen | nt: | Local Shopping | |
| | | | | er to this Office within 1 | | om Receipt hereof the | | | |
| PR NO. | Item No. | Qty | Unit | | Item Description | | Unit Cost | Total Cost | |
| 1601-06-62 | 1 | 2 | units | Tire, 195 R15 C | NE 366) | | 4,250.00 | 8,500.00 | |
| | | | | For Toyota Grandia (S Posted on GEPS: Ja | | | | | |
| 1602-06-06 | 2 | 1 | unit | Battery, 11-plate (N50 | - | | 4,836.00 | 4,836.00 | |
| 1002-00-00 | - | | dille | For Toyota Innova (SKS-348) | | .,, | 13,336.00 | | |
| | | | | Posted on GEPS: Fe | | | | 0.0.400.00.00.00 | |
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| Conditions: | | | | | | | of the adults on the side | ated demands | |
| The Contract of the Contract o | | | | equivalent to 1/10 of 1% of the | ne total value of undel | vered order for each day | or the delay as liquid | ated damages | |
| 100 100 100 100 100 100 100 100 100 100 | The second secon | | es including the | r is not indicated, it is deeme | ed received on the 10t | h working day of the appro | oval of the P.O. | | |
| The second second second | | | | SPECIFICALLY showing the | | | | ited upon delivery. | |
| | | 0.07.00.1300.00 | 1 | | | 27.1 | | | |
| Very truly y | ours, | | | Budget FY 2016 | Recommendin | g Approval: | Approved by | <i>y</i> : | |
| | | | BRO No. | ·Man Arm | | | | | |
| | | | Charge to Exp. Cod | | | | | | |
| | | | 774-10 | \$ 12,334 い | | | | | |
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| GARY S. VELAYO PATRICK ANGELO L. UY | | | | | Division Chief IV | | DENNIS B. AD | | |
| | | | | | | /, MSD | Regional Vice Pro | esident | |
| Received of | copy of P.C |). on | 1 | | Conformed: | | 1 | 1 1 | |
| Received to | ov. | | | | M | | | 3/10/16 | |
| Treceived t | ., | | | - | Supplier Repre | esentative | - | Date | |