

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: <b>EMSAS-COOP</b>				PO NO. <b>16-02-058</b>		
Address: <b>Door 5, Madrazo Compound, Ponciano Reyes Street, Davao City</b>				PO Date: <b>February 22, 2016</b>		
Contact No. <b>304-6787</b>				Terms of Payment: <b>15 working days</b>		
<input checked="" type="checkbox"/> VAT		<input type="checkbox"/> NON-VAT		TIN: 273-934-991-000		
				Mode of Procurement: <b>Local Shopping</b>		
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
<b>1602-06-15</b>	1	60	meters	THW Wire # 6	90.00	<b>5,400.00</b>
	2	1	set	Panelboard, 6B with 6 CB Plug-In	3,700.00	<b>3,700.00</b>
	3	10	lengths	PVC Pipe # 1	90.00	<b>900.00</b>
	4	1	set	Entrance Cape # 1	60.00	<b>60.00</b>
	5	2	sets	LB # 1	60.00	<b>120.00</b>
	6	2	sets	Locknut and Bushing # 1	20.00	<b>40.00</b>
	7	1	kilogram	Tie Wire	60.00	<b>60.00</b>
	8	10	pieces	C-Clamp # 1	10.00	<b>100.00</b>
	9	1	bag	Cement	260.00	<b>260.00</b>
	10	2	lengths	RSC Pipe # 1	400.00	<b>800.00</b>
	11	1	lot	Labor Cost	3,500.00	<b>3,500.00</b>
	12	1	lot	Processing Fee	3,500.00	<b>3,500.00</b>
						<b>18,440.00</b>
For the installation of separate electricity line for PhilHealth Express Toril <b>Posted on GEPS: February 10, 2016</b> ***** nothing follows *****						

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1,152.50  
17,287.50

**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,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>941-00</u> Amount <u>18,440.00</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEL B. SUBIBI</b> Division Chief IV, MSD	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
Received copy of P.O. on _____		Conformed: _____	
Received by: _____		Supplier/Representative _____ Date <u>2-29-16</u>	