

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>BEROVAN MARKETING</b>	PO NO. <b>16-02-059</b>
Address: <b>J.P. Laurel Avenue, Davao City</b>	PO Date: <b>February 22, 2016</b>
Contact No. <b>227-8702, 227-2010</b>	Terms of Payment: <b>15 working days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 000-310-215-020	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
1601-06-32	1	3	units	Sphygmomanometer, digital For LHIO Digos (1), LHIO Mati (1) & LHIO Tagum (1)	2,475.00	7,425.00
	2	3	units	Stethoscope, 28 inches with extra piece cover w/ manual For LHIO Tagum (2) & LHIO Mati (1)	475.00	1,425.00
				<b>Posted on GEPS: January 11, 2016</b> ***** nothing follows *****		8,850.00
						<div style="text-align: right;">           395.09  <hr/>           ₱ 8,954.91  <hr/> </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,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>CATAX</u> Exp. Code <u>270-10</u> Amount <u>₱ 8,850.00</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 _____ Received by: <u>ROVENA EREST</u> DATE: <u>03/18/16</u>		Conformed:  Supplier/Representative _____ Date <u>03/18/16</u>	