

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: MYCHER PHARMACEUTICAL & MEDICAL SUPPLY	PO NO. 16-02-060
Address: Dr. # 3 Star Party Sales Building, DMSF Road, Bajada, Davao City	PO Date: February 22, 2016
Contact No. 221-9615	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 106-106-277	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
1601-06-32	1	5	units	Nebulizer, pulmo kit with tee, tubing, mouthpiece For LHIO Digos (1), LHIO Mati (1), LHIO Tagum (1) and PRO XI (2) Posted on GEPS: January 11, 2016 ***** nothing follows ***** less: 2x 57.54.71 1x 107.14	2,400.00	12,000.00 692.85 \$ 11,307.15

Conditions:

- 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.
- Render your bills in triplicate copies including the original.
- 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.
- 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>CAPEA</u> Exp. Code <u>278-10</u> Amount <u>\$12,000.00</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>MCM AN N. PERAZA</u> 3/2/16	Conformed: _____ Supplier/Representative _____ Date _____	