

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			TWO MEDICAL PROPERTY.	
				PURCH	ASE O	RDER			
Supplier:	BOILES T	RANSMIS	SION SPEC	ALIST		PO NO.	16-02-061	6-02-061	
Address:	Ma-a Road, Bugac, Maa, Davao City					PO Date:	February 24, 2016		
Contact No.	244-0239	-0239				Terms of Payment: 15 working day		ys	
VAT	X	NON-VAT			N: 182-337-254-001 Mode of Procurer				
DD NO	Tu N-			er to this Office within		m Receipt hereof the			
PR NO.	Item No.	Qty	Unit	Transmission Asser	Item Description		Unit Cost	Total Cost	
1602-06-14	1	1	set ,	Transmission Asser For Isuzu Crosswind Posted on GEPS: I	d (SHB-927) February 10, 2016	31.50	11,050.00	442. N \$ 10,608. N	
2 Render you3 If the date	ur bills in tripl of the receipt	of the P.O.	including the by the dealer	quivalent to 1/10 of 1% of original. is not indicated, it is deen SPECIFICALLY showing	ned received on the 10th	working day of the appr	roval of the P.O.		
GARY S. VELAYO Administrative Officer IV			PRO-XI B BRO No Charge to: Exp. Code	MOUT	Recommending ARNEIL B. SUE Division Chief IV.	Approval:	Approved by: DENNIS B. ADRE Regional Vice President		
Received copy of P.O. on					Conformed:			2/29/16	

Supplier/Representative

Date