



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI

Valgozons Building, Bolton Extension, Davao City

Telephone Number 295-3382

www.philhealth.gov.ph



PURCHASE ORDER

Supplier: GH OFFICE DEPOT	PO NO. 16-02-064
Address: 88A Monteverde Avenue, Davao City	PO Date: February 24, 2016
Contact No. 224-5400, 224-2573	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 890-000-074-144	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
1601-06-48	1	4	pieces	Self Inking Stamp with Dater (RECEIVED)	749.00	2,996.00
	2	1	piece	Self Inking Stamp with Dater (RECORDED)	749.00	749.00
	3	1	piece	Self Inking Stamp with Dater (REVIEWED)	749.00	749.00
	4	1	piece	Self Inking Stamp with Dater (SCREENED)	749.00	749.00
	5	1	piece	Self Inking Stamp with Dater (COMPUTED)	749.00	749.00
	6	1	piece	Self Inking Stamp with Dater (RELEASED)	749.00	749.00
	7	1	piece	Self Inking Stamp with Dater (PAID)	749.00	749.00
			For Sponsored Program Unit			
			Posted on GEPS: January 14, 2016			
1601-06-70	8	5	pieces	Self Inking Stamp (name & position)	446.00	2,230.00
				For PMAC - Cashiering		9,720.00
			Posted on GEPS: February 1, 2016			
			***** nothing follows *****			
			less: tax 5% 437.93 1% 86.79			
					520.72	
					\$ 9,199.28	

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>MODE</u> Exp. Code <u>74-50</u> Amount <u>\$9,720.00</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval: ARNEL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____		Confirmed: REGINE ASPACIO Supplier/Representative	
Received by: _____		Date: <u>3/10/16</u>	