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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: G-3 SUPPLY & MARKETING	PO NO. 16-02-065
Address: 61-A Mimric Bldg., Sta. Ana Avenue, Davao City	PO Date: February 24, 2016
Contact No. 227-3494/305-0397	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 936-622-461	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
1602-06-17	1	2	pieces	Cross Joint	780.00	1,560.00
	2	1	piece	Control Bushing	50.00	50.00
	3	12	pieces	Siding Clip	30.00	360.00
	4	10	pieces	Button Clip	35.00	350.00
				For Mitsubishi Adventure (SGJ-771)		
	5	1	set	Brake Pad	1,470.00	1,470.00
	6	1	set	Brake Shoe	1,850.00	1,850.00
	7	1	piece	Wiper Blade, left side	270.00	270.00
	8	1	piece	Wiper Blade, right side	240.00	240.00
				For Toyota Innova (SLD-701)		
			Posted on GEPS: February 16, 2016			
			***** nothing follows *****			
						6,150.00

less: 4x 5. 274.55
1x 54.91

729.46

\$ 5,820.54

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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>047-00</u> Amount <u>\$6,150.00</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: _____		Confirmed: Supplier/Representative	
		Date <u>03-08-16</u>	