

02.
 Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI

Valgocons Building, Bolton Extension, Davao City

Telephone Number 295-3382

www.philhealth.gov.ph



PURCHASE ORDER

16 03 0220

Supplier: MARC'S ID HAUZ	PO NO. 16-02-068
Address: 89/F Don Manuel Street, Quezon City	PO Date: February 16, 2016
Contact No. (02) 410-2246, (02) 741-3278 (fax)	Terms of Payment: C.O.D.
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 918-235-528	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
1601-06-65	1	2	rolls	Laminating Patch, CYR10FC-60, 600 images / roll	13,000.00	26,000.00
	2	1	box	Re-Transfer Film, CY3RA-100DN, 1000 cards	13,000.00	13,000.00
	3	1	box	Ribbon, YMCK, for ID card printer	24,000.00	24,000.00
	4	1000	pieces	ID Card, UV Offset Printing Professional Health Card For AQAS	10.00	10,000.00
						73,000.00
<p>***** nothing follows *****</p> <p>Posted on GEPs: February 16, 2016</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>less: kx 57. 3,258.93</p> <p>1/ 651.79</p> <hr style="width: 100px; margin: 0 auto;"/> </div> <div style="text-align: right;"> <p>3,910.72</p> <hr style="width: 100px; margin: 0 auto;"/> <p>\$ 69,089.28</p> </div> </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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MDOE</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Exp. Code</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td><u>774-ID</u></td> <td><u>\$ 67,000.00</u></td> </tr> <tr> <td><u>774-ID</u></td> <td><u>10,000.00</u></td> </tr> </table> PATRICK ANGELO L. UY Budget Officer Designate	Exp. Code	Amount	<u>774-ID</u>	<u>\$ 67,000.00</u>	<u>774-ID</u>	<u>10,000.00</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Exp. Code	Amount								
<u>774-ID</u>	<u>\$ 67,000.00</u>								
<u>774-ID</u>	<u>10,000.00</u>								
Received copy of P.O. on <u>MAR. 14, 2016</u> Received by: <u>JONATHAN ONG</u>		Conformed: <u>JONATHAN ONG</u> Supplier/Representative							
		Date <u>MAR. 14, 2016</u>							