

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

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382





P	U	R	C	H	A	S	F	0	R	D	E	R
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Supplier:	SILICON	VALLEY C	OMPUTER O	GROUP PHILS INC		PO NO. 16-02-074			
Address:	2/F NCCC	Mall, Mc	Arthur Highw	yay, Matina, Davao City		PO Date:	February 29, 20	16	
Contact No.	297-6231					Terms of Payment:	15 working day	s	
x VAT		NON-VAT		TIN: 000-360-191-01	0	Mode of Procureme	ent:	Local Shopping	
		Р	lease Delive	er to this Office within		m Receipt hereof th			
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1602-06-19	1	20	cartridges	Toner, NPG-32			4,100.00	82,000.00	
				For replenishment of					
				Posted on GEPS: Fe					
				****** nothing follows	S ******				
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				C5'	W 0 3,6	60.71			
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122					4 9. 3,6 1/ 3	22.14		4, 192.85	
					1/-			4,392.85 → 77,687.15	
								777,007.15	
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							•	1.10-1	
Conditions:									
1 The agency	shall impos	e penalty in	an amount eq	uivalent to 1/10 of 1% of th	ne total value of undeliv	ered order for each day	of the delay as liquida	ited damages	
			including the						
				s not indicated, it is deeme					
4 For importe	d items, IMP	ORTANT D	OCUMENTS S	SPECIFICALLY showing th	ne condition(s) and seri-	al numbers of the equipr	nent must be present	ed upon delivery.	
Very truly yo	urs.		PRO-XI B	udget FY 2016	Recommending	Approval:	Approved by		
, , , , ,			BRO No.	augutt 1 2010	ricoommending	Approva.	Approved by		
			Charge to:	MODE					
			Exp. Code	h Amount	1 hard				
			794-10	\$2.000					
				-	1		1		
Agra 12					M		10m		
GARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. SUE	RIRI	DENNIS B. ADR	F	
Administrative Officer IV Budget Officer Designate					Division Chief IV,		Regional Vice Pres		
Received co		on 1	The state of the s	3/18/16		moD.	Signal vice Pies	SIGGIR	
		1	lun	1.0/10	Conformed:				
Received by	EMILY	N PALL	nig						
	70	11			Supplier/Repres	entative		Date	