

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

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





PURCHASE ORDER

Supplier:	MARK ENTERPRISES, INC. 128 E. Quirino Avenue, Davao City FAX # 222-0123				PO NO. 16-02-077				
Address:					PO Date: February 29, 2016			16	
Contact No.					Terms of Payment: 15 working days				
X VAT		NON-VAT	2	TIN: 000-077-188		Mode of Procureme		ent: Local Shopping	
		PI	ease Deliv	er to this Office within 1	5 working days fro	m Receipt hereof the	following:		
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1602-06-22	1	400	pieces	Folder, pressboard, lo	ng, green		8.50	3,400.00	
	2	15	packs	Paper, vellum board,	13 x 8, 10 pieces p	er pack	25.00	375.00	
	3	30 pads Stick-on Note Pad, 76 mm x 76 mm					2.00	60.00	
	4				mm x 76 mm		20.00	600.00	
	5					25.00	300.00		
	6	13	rolls	Tape, 1 inch, double-sided without foam		25.00	325.00		
				For replenishment of office supplies Posted on GEPS: February 19, 2016 ***********************************			5,060.00		
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Conditions:	1000 1400 1000				X				
				quivalent to 1/10 of 1% of the	e total value of undeliv	ered order for each day	of the delay as liquidate	ted damages	
2 Render your bills in triplicate copies including the original.									
				r is not indicated, it is deeme					
4 For import	ed items, IMP	ORTANT D	OCUMENTS	SPECIFICALLY showing th	e condition(s) and ser	al numbers of the equipr	nent must be presente	ed upon delivery.	
Very truly yours, PRO-XI Budget FY 2016				Budget FY 2016	Recommending	Approval:	Approved by:		
BRO No.			3			,			
Charge to: MODE				M005					
			Exp. Code						
			774-10	\$5,000 W					
1911				11.		An			
CARY & VELAYO				/ //	n.n.	DETAILS B. ASSE			
GARY S. VELAYO PATRICK ANGELO L UY				ARNEIL B. SU		DENNIS B. ADRE			
Administrative Officer IV Budge Officer Designate					Division Chief IV	MSD	Regional Vice Pres	sident	
Received copy of P.O. on					Conformed:	EVINE. TE	71	19/14	
TOO BY BU	, ·				Supplier/Repre	sentative		Date	