

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





PURCHASE O	~	₹ [) E	R
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Supplier:	PHILCOPY CORPORATION					PO NO. 16-02-078				
Address:	# 6 Surveyor St., Doña Vicenta Vill, Bajada, Davao City				,	PO Date:	February 29, 20)16		
Contact No.	. 222-4536, 222-2178, 222-8639 (fax)					Terms of Payment:	15 working day	rs		
X VAT		NON-VAT		TIN: 000-169-318-000	0	Mode of Procureme	ent:	Local Shopping		
			ease Delive	er to this Office within 1	15 working days fr	rom Receipt hereof the	e following:			
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost		
1602-06-21	1	5		Toner, TK-3114 For replenishment of ************************************	f IT supplies		8,064.00	40,320.00 21/60-N \$38,160-N		
Conditions:		THE PARTY OF THE P								
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 you	urs,		PRO-XI BU BRO No Charge to:_ Exp. Code	MODE Amount Amount	Recommendin	g Approval:	Approved by			
Som	_	2	1	1	Pali		ma			
GARY S. VE	ΑΥΟ		PATRICK	NGELO L. UY	ABNUTUS	IDIDI	9,0	_		
Administrative		- 1	Budget Office		ARNEIL B. SU		DENNIS B. ADR			
Received cop			Dauge Office	Si Designate	Division Chiefrix		Regional Vice Pres	sident		
Received by:						BAUTISTA esentative		3/21/16 Date		