

**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: PROVO WATER REFILLING	PO NO. 16-03-084
Address: 45 Sunrise Village, Matina Aplaya, Davao City	PO Date: March 3, 2016
Contact No. 295-7060, 0946-6678997	Terms of Payment: 15 working days
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 452-244-240-000	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
1602-06-04	1	261	containers	Drinking Water (February 2016) for PRO XI ***** nothing follows ***** less: tax 3% 313.20 1% 107.53	40.00	10,440.00 420.73 <u>\$10,019.27</u>

Conditions:

- 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 yours,

PRO-XI Budget FY 2016

BRO No.

Charge to: MOOE

Exp. Code

774-10

Amount

\$10,440.00

Recommending Approval:

Approved by:

GARY S. VELAYO

Administrative Officer IV

PATRICK ANGELO L. UY

Budget Officer Designate

ARNEIL B. SUBIBI

Division Chief IV, MSD

DENNIS B. ADRE

Regional Vice President

Received copy of P.O. on

Confirmed:

Received by:

Dorjedo Marwin

Supplier/Representative

Date