

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

Valgosons Building, Bolton Extension, Davao City



					ww.philhealth.gov.ph	2		
				PURCH	ASE	RDER		
Supplier:	GAKKEN	(PHILIPPI	NES), INC.			PO NO.	16-03-086	
Address:	Units 7 &	8 Lapu-la	pu Tower, L	apu-lapu Street, Agdao	, Davao City	PO Date:	March 8, 2016	
Contact No.	0. 295-3861					Terms of Payment: 15 working days		
X VAT		NON-VAT		TIN:004-475-204-002				
	1			er to this Office within				T
RIS NO. 1603-06-07	Item No.	Qty 36	Unit	Ink, for Duplo 514K	Item Description	1	Unit Cost 742.00	Total Cost 26,712.00
1803-00-07	1 2	3	pieces	Master Roll, DR-875			3,530.00	10,590.00
	1		picoco	For replenishment of	printing supplies		0,000.00	37,302.00
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Conditions:							7	
	y shall impos	se penalty in	an amount ed	quivalent to 1/10 of 1% of the	he total value of unde	elivered order for each da	y of the delay as liquida	ted damages
2 Render you	ur bills in tripl	licate copies	including the	original.				
3 If the date of	of the receipt	t of the P.O.	by the dealer	is not indicated, it is deem	ed received on the 10	Oth working day of the ap	proval of the P.O.	
4 For importe	ed items, IMF	PORTANT D	OCUMENTS	SPECIFICALLY showing to	he condition(s) and s	erial numbers of the equi	pment must be present	ed upon delivery.
Very truly yo	ours.		PRO-XI B	udget FY 2016	Recommendi	ng Approval:	Approved by:	
			BRO No	<u> </u>	recommending / pp. oral.		, ppictod by:	
			Charge to:	MODE	1			
			Exp. Code					
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GARY S. VELAYO PATRICK ANGELO L UY				11 1	ARNEIL B. S	ARNEIL B. SUBIBI DENNIS B. ADRE		
Administrative Officer IV Budget Officer Designate				er Designate	Division Chief I	v mme.	Regional Vice P	resident
Received co	py of P.O.	on			Conformed:	ME (O.MARGAS	ticita	Vi. 19
Pageing 4 h					AVVE	NI COUNTIPPINI	S JIV.	a/21/16
Received by	-				Supplier/Repr	resentative	U JING	Date