



Republic of the Philippines
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: ULTRIUM CORPORATION	PO NO. 16-03-091
Address: Sta. Ana Ave. cor. Sobrecarey St, Davao City	PO Date: March 18, 2016
Contact No. 222-1388; 225-8318	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 006-040-086	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
1602-06-13	1	31	pieces	Computer Keyboard, USB type	255.00	7,905.00
	2	1	unit	UPS, 650 VA	1,980.00	1,980.00
				For replacement & maintenance of IT parts Posted on GEPS: February 10, 2016		
1603-06-08	3	10	cartridges	Toner, CE390A	7,730.00	77,300.00
				For replenishment of printing supplies Posted on GEPS: March 7, 2016		87,185.00
				***** nothing follows *****		
				less: tx 5. 3,892.19 1/2 778.44		4,670.63
						<u>82,514.37</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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MODE</u> Exp. Code <u>774-ND</u> Amount <u>\$87,185.00</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
	Received copy of P.O. on _____ Received by: <u>JEANETTE AVENIDU</u> <u>4-28-16</u>	Confirmed: _____ Supplier/Representative _____	Date _____