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**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: <b>CARESYSTEM TECHNOLOGY SOLUTION</b>	PO NO: <b>16-03-095</b>
Address: <b>Door 1 LS Bros. Bldg., Km. 5 Buhangin Road, Buhangin, Davao City</b>	PO Date: <b>March 18, 2016</b>
Contact No. <b>300-7012, 300-7268 (fax)</b>	Terms of Payment: <b>15 working days</b>
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT    TIN: <b>260-283-365-000</b>	Mode of Procurement: <b>Local Shopping</b>

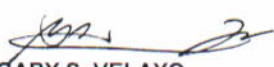



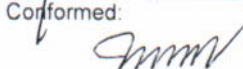
Please Deliver to this Office within 15 working days from Receipt hereof the following:

PR NO.	Item No.	Qty	Unit	Item Description	Unit Cost	Total Cost
1603-06-13	1	1	lot	Reinstallation of 3-Tonner, floor-mounted aircon unit For transfer of aircon unit from FOD to ORVP ***** nothing follows *****  <div style="text-align: right; margin-top: 20px;"> less: bx 5. 767.86        2. 307.14  <hr style="width: 100px; margin-left: auto;"/> </div>	17,200.00	17,200.00
						

1,075.00  
# 16,125.00

**Conditions:**

- 1 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
- 2 Render your bills in triplicate copies including the original.
- 3 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.
- 4 For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery

Very truly yours,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MDOE</u> Exp. Code <u>84-00</u> Amount <u>P17,200.00</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEIL B. SUBIBI</b> Division Chief IV, MSD	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
Received copy of P.O. on _____  Received by: _____		Conformed:  _____ Supplier/Representative	
		<u>3-29-16</u> Date	