

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

16 04 04:10




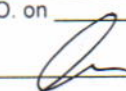
Supplier: MINDANAO BIZ INFO SOLUTIONS CORP	PO NO. 16-03-097
Address: 2/F D-6 Araullo Street, Davao City	PO Date: March 21, 2016
Contact No. _____	Terms of Payment: C.O.D.
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 180-653-747-000	Mode of Procurement: Local Shopping

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
1603-06-04	1	500	reams	Paper, multicopy, A4, 80 gsm For SPU Posted on GEPS: March 7, 2016 ***** nothing follows ***** <div style="text-align: right; margin-top: 20px;"> less: tax 3%. 2,625.00 1%. 875.00 <u> </u> </div>	175.00	87,500.00
						
						<div style="text-align: right; margin-top: 20px;"> 3,500.00 <u>\$ 84,000.00</u> </div>

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,  GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MDOE</u> Exp. Code <u>71410</u> Amount <u>\$ 87,500</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval:  ARNEL B. SUBIBI Division Chief IV, MSD	Approved by:  DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by:  <u>4/01/16</u>		Confirmed: _____ Supplier/Representative _____ Date _____	