

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 0470

<b>Supplier:</b> POWER-UP TIRES, BATTERY & AUTO SUPPLY CORPORATION	<b>PO NO.</b> 16-03-099
<b>Address:</b> Chavez Street, Davao City	<b>PO Date:</b> March 21, 2016
<b>Contact No.</b> 222-1160 / 227-3827	<b>Terms of Payment:</b> C.O.D.
<input checked="" type="checkbox"/> <b>VAT</b> <input type="checkbox"/> <b>NON-VAT</b> <b>TIN:</b> 403-070-057	<b>Mode of Procurement:</b> 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
1602-06-27	1	1	piece	Battery, 13-plate (N70 Panasonic) For Isuzu Crosswind (SHB-927) Posted on GEPS: February 25, 2016 ***** nothing follows *****  <div style="text-align: center; font-size: 1.2em;">less: tax 57.</div>	4,800.00	4,800.00  <div style="text-align: right; font-size: 1.2em;">214.29</div> <div style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black; font-size: 1.2em;">\$4,585.71</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,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>INDOE</u> Exp. Code: <u>774-10</u> Amount: <u>\$4,800</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:		Confirmed:  Supplier/Representative _____ Date _____	