

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 05 0592

Supplier: <b>PROVO WATER REFILLING</b>	PO NO. <b>16-04-107</b>
Address: <b>45 Sunrise Village, Matina Aplaya, Davao City</b>	PO Date: <b>April 6, 2016</b>
Contact No. <b>295-7060, 0946-6678997</b>	Terms of Payment: <b>15 working days</b>
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: <b>452-244-240-000</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
1603-06-03	1	310	containers	Drinking Water (March 2016) for PRO XI ***** nothing follows *****  104. tx 3/1 372.N 1/1 124.N	40.00	12,400.00  496.N \$ 11,904.N

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,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MDDE</u> Exp. Code <u>774-10</u> Amount <u>\$12,400</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 _____		Conformed:	
Received by:		Supplier/Representative _____	Date <u>04/22/16</u>