

## 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 0400

|  |  |
|--|--|
| Supplier: <b>NEED INK SALES &amp; SERVICES</b>   | PO NO. <b>16-05-117</b>                    |
| Address: <b>Door 18 Gahol Building, DMSF Drive, Davao City</b>                                       | PO Date: <b>May 2, 2016</b>                |
| Contact No. <b>300-2373, 321-5244</b>  | Terms of Payment: <b>15 working days</b>   |
| <input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: <b>206-149-524-006</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                                       |
|------------|----------|-----|-------|--|-----------|--|
| 1602-06-09 | 1        | 64  | carts | Toner, CC364A<br>For replenishment of printing supplies<br>*****nothing follows*****<br><br>less: 2x 5, 16,571.43<br>1, 3,314.29 | 5,800.00  | 371,200.00<br><br>19,885.72<br><u>351,314.28</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,

PRO-XI Budget FY 2016

BRO No. \_\_\_\_\_

Charge to: MODEExp. Code 714-10

Amount

714-10371,200.00

Recommending Approval:

Approved by:

GARY S. VELAYO

Administrative Officer IV

PATRICK ANGELO L. UY

Budget Officer Designate

ARNEIL B. SUBIBI

Division Chief IV, MSD

DENNIS B. ADRE

Regional Vice President

Received copy of P.O. on \_\_\_\_\_

Conformed: \_\_\_\_\_

Received by: Dennis, Don-Mie5-18-16

Supplier/Representative \_\_\_\_\_

Date \_\_\_\_\_