



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

Supplier: <b>PROVO WATER REFILLING</b>	PO NO. <b>16-05-121</b>
Address: <b>45 Sunrise Village, Matina Aplaya, Davao City</b>	PO Date: <b>May 5, 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: 452-244-240-000	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
1604-06-03	1	320	containers	Drinking Water (April 2016) for PRO XI ***** nothing follows *****  <div style="text-align: right; font-family: cursive;">           less: tax 3% 384.00                  1% 128.00  <hr style="width: 100px; margin-left: auto;"/> </div>	40.00	12,800.00  <div style="text-align: right; font-family: cursive;">           512.00  <hr style="width: 100px; margin-left: auto;"/>           12,288.00         </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>MOOE</u> Exp. Code <u>774-10</u> Amount <u>12,800.00</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEL 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: <u>Marcus Borada</u> 05/25/16		Conformed: _____ Supplier/Representative _____ Date _____	