

Republic of the Philippines

HILIPPINE HEALTH INSURANCE CORPOR/ ON PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382

www.philhealth.gov.ph

PURCHASE





Supplier:	ess: Door#5, Cruz Bldg. Sta. Ana Ave., Cor. Aklan St. Davao City					PO NO. 16-05-130 PO Date: May 18, 2016 Terms of Payment: 15 working days		
Address:								
Contact No.								
x VAT		NON-VAT	-	TIN:006-442-317		Mode of Procurement: Local Shoppin		
					15 working d	ays from Receipt hereof		
PR NO.	Item No.	Qty	Unit	no MIRS to 1 ubrook	Item Descri	ption	Unit Cost	Total Cost
1605-06-09	1	12		Ink # 62, CH561W			710.00	8,520.0
	2	6	cartridges	Ink, PG-810			718.00	4,308.0
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Conditions:								
	shall impos	se nenalty in	an amount eo	ivalent to 1/10 of 1% of the	total value of u	ndelivered order for each day	of the delay as liquidated	damages
			including the o		solar value er u	nochivered order for each day	of the delay as liquidated	damages
		and the same of the same of		The second secon	received on the	e 10th working day of the app	proval of the P.O.	
4 For insporte	d items, IMF	PORTANT D	OCUMENTS S	SPECIFICALLY showing the	e condition(s) a	nd serial numbers of the equi	pment must be presented	upon delivery.
Vone truly vo	ure		DDO VID	udget FY 2016	Pagamun	ending Approval:	Approved by	
Very truly yo	uis,		BRO No.	daget F1 2010	Recomm	ending Approval.	Approved by	
			Charge to:	MODE				
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Received by	:					HHC Lim	-	21.11
					Supplier/	Representative		Date