

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





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Supplier:	IMAGEW	ORLD DIG	ITAL PRINTI	NG, INC.	PO NO.				
Address:	Door 5 &	6, Roadwa	y Inn Buildi	ng, Bajada, Davao City		PO Date: May 31, 2016			
Contact No.	221-1935	221-0500				Terms of Payment:	15 working day	s	
X VAT		NON-VAT	-	TIN: 269-629-243-000	)	Mode of Procureme	ent:	Local Shopping	
						ys from Receipt hereof th			
PR NO.	Item No.	Qty	Unit		Item Descript	tion	Unit Cost	Total Cost	
1605-15-03	1	100000	pieces	LMP Card For PMAC Posted on GEPS: Ma ************ nothing follows	*****	2,232·14 446·43	0.50	50,000.00	
					1%	446.43		2,678.57	
								2,678.57	
					7				
Conditions					/				
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 yo	urs,		PRO-XI BI BRO No Charge to:_ Exp. Code	MOOD Amount 10,000 iV	Recommen	nding Approval:	Approved by	:	
GARY S. VE	LAYO	2	PATRICK	MGELO L. UYI	ARNEIL B	M . SUBIBI	DENNIS B. ADRE		
Administrative				el Designate	Division Chi		Regional Vice Pre		
		on		7	Conformed				
	Received by: 6/21/16 ALKNOW BONDAGA								
		/			Supplier/R	epresentative		Date	