

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: HANA GRAFIX PRINTING SERVICES	PO NO. 16-06-145
Address: Door 3 Lua Building, corner Quirino & J.P. Laurel Avenue, Davao City	PO Date: June 9, 2016
Contact No. 227-2145 / 286-3024	Terms of Payment: 15 working days
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 931-766-906-001	Mode of Procurement: Local Shopping

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
1604-13-05	1	250	pieces	Document Pouch For distribution of employers/peers for the upcoming employer/peer forum on June 24, 2016 Posted on GEPS: June 1, 2016 ***** nothing follows ***** less: bx 3/ 450.00 1/ 150.00	60.00	15,000.00 600.00 14,400.00

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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>76700</u> Amount <u>15,000.00</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
	Received copy of P.O. on _____ Received by: <u>6-15-16</u>	Conformed: _____ Supplier/Representative _____ Date _____	