

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: THE VALUE SYSTEMS PHILS., INC.	PO NO. 16-06-144
Address: Door 2, DBC Bldg., E. Quirino Ave., Davao City	PO Date: June 6, 2016
Contact No. 295-3469	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 201-536-013-002	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
1605-06-29	1	16	cartridges	Toner, CC364A	7,222.00	115,552.00
	2	5	cartridges	Toner, CC530A, black	5,555.00	27,775.00
	3	5	cartridges	Toner, CC531A, cyan	5,444.00	27,220.00
	4	5	cartridges	Toner, CC532A, yellow	5,444.00	27,220.00
	5	5	cartridges	Toner, CC533A, magenta	5,444.00	27,220.00
				For replenishment of printing supplies		224,987.00
				Posted on GEPS: May 20, 2016		
				***** nothing follows *****		
				less: bx 57. 10,044.00		
				1/ 2,008.81		
						12,052.87
						<u>212,934.13</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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>974-10</u> Amount <u>224,987.00</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
	Received copy of P.O. on <u>June 16, 2016</u> Received by:	Conformed: Supplier/Representative _____ Date _____	