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

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





		_	PURCI	HASE	ORDER		<u> </u>
+ 1.	PROVO WATE	R REFILLING		•	PO NO.	16-06-148	
<u> </u>	45 Sunrise Vil	lage, Matina Apla	aya, Davao City		PO Date:	June 15, 2016	
<u>_atact No.</u>	295-7060, 0946				Terms of Payment: 15 working days		
_] VAT	NON X		TIN: 452-244-240-0		Mode of Procu	rement:	Local Shopping
PR NO.	Item No. C	Please Deliv	er to this Office within	n 15 working day: Item Description			Total Cost
1605-06-03			Drinking Water (Ma for PRO XI ******** nothing follow	y 2016)	JII	Unit Cost 40.00	Total Cost 11,200.00
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Render your If the date of	bills in triplicate co the receipt of the l	pies including the o P.O. by the dealer is	not indicated, it is deeme	d received on the 10	th working day of the ap	pproval of the P.O.	
For imported	Items, IMPORTA	NI DOCUMENTS S	SPECIFICALLY showing II	he condition(s) and s	erial numbers of the equ	uipment must be presente	d upon delivery.
BR Cha		BRO No Charge to:_	Charge to: MDOE		Recommending Approval:		y:
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ARY S. VEL	AYO	PATRICK A	NGELO L UX	ADNE B	Helel	DENING D	_
Iministrative		Budget Office	11 1	ARNEIL B. S Division Chief		Regional Vice Pro	ssident
·	y of P.O. on			Conformed:			
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ceived by:_							ì

Supplier/Representative

Date