



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: <b>WELL-COME PARTS AUTO &amp; TIRE SUPPLY CORPORATION</b>				PO NO. <b>16-06-149</b>		
Address: <b>Narra corner Monte Verde Streets, Davao City</b>				PO Date: <b>June 15, 2016</b>		
Contact No. <b>225-4811, 225-4822</b>				Terms of Payment: <b>15 working days</b>		
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: <b>406-795-041-002</b>				Mode of Procurement: <b>Local Shopping</b>		
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
<b>1605-06-36</b>	<b>1</b>	<b>2</b>	<b>units</b>	Battery, N-150 For the generator of PRO XI (main building) Posted on GEPS: May 24, 2016 ***** nothing follows *****  <i>less: by 5. 669.64 1. 133.93</i>	<b>7,500.00</b>	<b>15,000.00</b>  <i>803.57 \$14,196.43</i>

Conditions:

- 1 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
- 2 Render your bills in triplicate copies including the original.
- 3 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.
- 4 For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.

Very truly yours,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>774-10</u> Amount <u>\$15,000.00</u>	Recommending Approval:   <b>ARNEL B. SUBIBI</b> Division Chief IV, MSD	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
	Received copy of P.O. on _____  Received by: <u>MICHAEL HENSON</u> <u>6/24/16</u>	Conformed: _____ Supplier/Representative _____ Date _____	