

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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| Р | u | K | L | п | A | 3 | | u | \mathbf{r} | v | \mathbf{r} |

| Supplier: | GH OFFIC | E DEPOT | | | | PO NO. 16-06-160 | | | | |
|--|---|-------------------------|---|--|--|--|-----------------|---------------------|--|--|
| Address: | | | enue, Davao | City | | PO Date: June 27, 2016 | | | | |
| Contact No. | | | | | | Terms of Payment: 15 working days | | | | |
| X VAT | | NON-VAT | | TIN: 890-000-074-144 | | Mode of Procurement: Local Shopping | | | | |
| | | | | er to this Office within 1 | | m Receipt hereof th | | T-4-1 O4 | | |
| PR NO. | Item No. | Qty 1 | Unit | | Item Description | | 3,202.30 | Total Cost 3,202.30 | | |
| 1606-06-11 | 1 | 1 | unit | Laminating Machine (For HRU ************************************ | | 142.96 28.59 | 0,202.00 | (7 1.55 | | |
| | | | | | | | | 73,030.75 | | |
| | | | | | | | | | | |
| | | | | | | | 1 | | | |
| 2 Render you 3 If the date of 4 For importer | ur bills in tripli of the receipt ed items, IMP | cate copies of the P.O. | including the oby the dealer is | s not indicated, it is deemed SPECIFICALLY showing the | received on the 10th vectorial condition(s) and serial | vorking day of the approx | val of the P.O. | d upon delivery. | | |
| GARY S. VI | ELAYO e Officer IV | | BRO No Charge to: Exp. Code 278-10 | | ARNEIL B. SUI Division Chief IV. Conformed: | DENNIS B. ADRE ief IV, MSD Regional Vice President | | | | |
| Received by | | . 011 | | | 1 | m. Mendones | _7-23-16 | Date | | |