

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:	DAVAO MARK ENTERPRISES, INC.					PO NO.	16-07-174		
Address:	128 E. Quirino Avenue, Davao City					PO Date:	July 7, 2016		
Contact No.	222-5488, 222-0123 (fax)					Terms of Paym	ent: 15 working day	ys	
X VAT		NON-VAT		TIN: 005-160-8	18-000	Mode of Procu	rement:	Local Shopping	
				er to this Office v	vithin 15 working days				
PR NO.	Item No.	Qty	Unit		Item Descriptio	1	Unit Cost	Total Cost	
1605-06-04	1	8	boxes		ent of office supplies PS: May 4, 2016		15.00	120.00	
1606-04-02	2	2 5 pieces Self Inking Stamp with Da				SSED)	1,250.00	6,250.00	
	3 pieces Self Inking Stamp with Dater (RE						1,250.00		
				For SPU ******* nothing follows *******			10,120.00		
				less:	1/2 90 1/2 90	.79		\$9,577.85 +9,577.85	
Render your If the date o	r bills in triplic f the receipt of d items, IMPO	ate copies in	including the copy the dealer in DCUMENTS	original. s not indicated, it is d SPECIFICALLY show	o of the total value of undeling the condition(s) and see the condition	n working day of the ap	oproval of the P.O. uipment must be presente	d upon delivery.	
Exp. Code				MODE	Recommendi	Recommending Approval:		Approved by:	
BARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. S	JBIBI	DENNIS B. ADRE		
SARY S. VE	Administrative Officer IV Budget Officer Designate								
	Officer IV		Budget Office	er Designate	Division Chief	V, MSD	Regional Vice Pre	esident	
	oy of P.O.	on		_ 19	Conformed Catherin			esident	