



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: PROVO WATER REFILLING	PO NO. 16-07-175
Address: 45 Sunrise Village, Matina Aplaya, Davao City	PO Date: July 8, 2016
Contact No. 295-7060, 0946-6678997	Terms of Payment: 15 working days
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 452-244-240-000	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
1605-06-03	1	326	containers	Drinking Water (June 2016) for PRO XI ***** nothing follows ***** less: $\frac{1}{2} \times 3 \frac{1}{2} = 31.20$ $\frac{1}{2} = 130.40$	40.00	13,040.00 521.60 <u>$\\$12,518.40$</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>\$12,518.40</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval: ARNEL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by: <u>Maurin Dorado</u> 07/21/16		Confirmed: _____ Supplier/Representative _____ Date _____	