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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: D 88 AVENUE PRINTING WORKS AND PAPER DEPOT	PO NO. 16-07-180
Address: Agton Street, Toril, Davao City	PO Date: July 11, 2016
Contact No. 284-8950	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 933-622-100-001	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
1606-06-38	1	20	pieces	Ring Binder, 1/2 inch x 44 inches, plastic, black	9.25	185.00
	2	20	pieces	Ring Binder, 2 inches x 44 inches, plastic, black	45.00	900.00
				For LHIO Tagum		
	3	30	rolls	Tape, 1 inch, double-sided, without foam	24.75	742.50
				For replenishment of office supplies		1,827.50
				***** nothing follows *****		
				less: kx 57. 81.58 1/ 14.32		97.90 <u>\$1,729.60</u>

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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>774-10</u> Amount <u>₱1,827.50</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on <u>7/21/16</u> Received by:		Confirmed: _____ Supplier/Representative	
		_____ Date	