

## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

## PHILIPPINE HEALTH INSURANCE CORPORATIO PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382





## PURCHASE ORDER

| Supplier:   | G-3 SUPPLY & MARKETING  |         |                  |                                      |                      | PO NO. 16-07-185                    |                      |                      |
|---|---|---------|------------------|--------------------------------------|----------------------|-------------------------------------|----------------------|----------------------|
| Address:  | 61-A Mimric Bldg., Sta. Ana Avenue, Davao City  |         |                  |                                      |                      | PO Date:                            | July 11, 2016        |                      |
| Contact No.   | 227-3494/305-0397   |         |                  |                                      |                      | Terms of Payment: 15 working days   |                      |                      |
| X VAT   |   | NON-VAT |                  | TIN:936-622-461                      |                      | 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             | D                                    | Item Description     |                                     | Unit Cost            | Total Cost           |
| 1606-06-33  | 1   | 2       | pieces           | Bosch Relay, 12 Volts                | S                    |                                     | 180.00               | 360.00               |
|   | 2   | 2       | pieces<br>pieces | Balljoint, upper<br>Balljoint, lower |                      |                                     | 1,000.00<br>1,200.00 | 2,000.00<br>2,400.00 |
|   | 4   | 1       | pieces           | Universal Joint                      |                      |                                     | 450.00               | 450.00               |
|   | -   | 3'      |                  | For Nissan Frontier (S               | SEK-455)             |                                     | 450.00               | 5,210.00             |
|   |   |         |                  | ****** nothing follows               |                      |                                     |                      | 3,210100             |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  | 1085: ZX                             | 5. 232.5<br>46.5     | ,9                                  |                      | 224 11               |
|   |   |         |                  |                                      | 4.5                  | 2                                   |                      | \$4.930.89           |
|   |   |         | 8                |                                      | (/.                  |                                     |                      | \$1.930.89           |
|   |   |         |                  |                                      |                      |                                     |                      | 71170                |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
| 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, PRO-XI Budget FY 2016   |   |         |                  | Recommending Approval: Approv        |                      | Approved by:                        |                      |                      |
| BRO No  |   |         |                  |                                      |                      |                                     |                      |                      |
| Charge to: MODE  Exp. Code Amount   |   |         |                  |                                      |                      |                                     |                      |                      |
| 847-00 \$5,210.00   |   |         |                  |                                      |                      |                                     |                      |                      |
|   |   |         |                  |                                      |                      |                                     |                      |                      |
| DA DO   |   |         |                  |                                      | 41                   |                                     | (an                  |                      |
| GARY S. VELAYO PATRICK ANGELO L UY  |   |         |                  |                                      | ARNEIL B. SUBI       | DENNIS B. ADRE                      |                      |                      |
| Administrative Officer IV Budget Officer Designate  |   |         |                  |                                      | Division Chief IV, N | Carried III                         | Regional Vice Pres   |                      |
| Received copy of P.O. on Conformed:   |   |         |                  |                                      |                      |                                     |                      |                      |
| 1 0- 0011   |   |         |                  |                                      |                      |                                     |                      |                      |
| Received by: 8810   |   |         |                  |                                      |                      |                                     |                      |                      |
|   | _   |         | 1                |                                      | Supplier/Represe     | entative                            |                      | Date                 |