



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





				PURCH	AS	E	RDER				
Supplier:	GH OFFIC	E DEPOT					PO NO.		16-07-194		
Address:	88A Monteverde Avenue, Davao City						PO Date:		July 25, 2016		
Contact No.	224-5400,	224-2573					Terms of Pa	ayment:	15 working day	'S	
X VAT		NON-VAT		TIN: 890-000-074-14			Mode of Pro			Local Shopping	
55.116				er to this Office within				ereof the			
PR NO. 1606-15-04	Item No.	Qty	Unit	Ink Dad China C E4		Description	1		Unit Cost	Total Cost	_
1000-13-04	2	6	pieces pieces	Ink Pad, Shiny S, 54. Ink Pad, Shiny S, 82					107.40 117.00	644.40 702.00	
	3	6	pieces	Ink Pad, Shiny S, 82					96.10	576.60	
			piococ	For replacement of w		ut ink pads	of stamps of P	MAC	30.10	1,923.00	_
				****** nothing follows						,,,,,,	
				leg: k			17			103.02	E.
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2 Render your 3 If the date of	bills in triplic	ate copies in	ncluding the or y the dealer is	valent to 1/10 of 1% of the iginal. not indicated, it is deemed PECIFICALLY showing th	d receive	ed on the 10th	working day of the	e approva	I of the P.O.	•	
Very truly yours, PRO-XI Budget FY 2016 BRO No Charge to: MODE					Re	commendin	g Approval:		Approved by:		
Exp. Code 774-10 Amount 1-927-00											
Store 2						Da			Da		
GARY S. VELAYO PATRICK ANGELO L. UY				ΔR	ARNEIL B. SUBIBI			DENNIS B. ADRE			
Administrative Officer IV Budget Officer Designate					ision Chief IV			Regional Vice Pres			
Received cop			V	13		nformed:	1. 1 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		7	T 11 (12 (12 (12 (12 (12 (12 (12 (12 (12	1
		0.	~	- 1						0.41	
Received by: Sher lie The Mendares						anlie-/D	annieli		15	8-8-16	-
					Su	oplier/Repre	sentative			Date	