



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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



Date

www.philhealth.gov.ph

PURCHASE ORDER									
Supplier:	PRINCE E	DUCATIO	ONAL SUPPL	_Y		PO NO.	16-07-195		
Address:	132 Bolto	n Street, I	Davao City			PO Date:	July 25, 2016		
Contact No.	226-3617,	227-1983	, 300-0161 (f	ax)		Terms of Payment	ment: 15 working days		
X VAT		NON-VA		TIN: 178-130-560		Mode of Procurem		Local Shopping	
	,			er to this Office within		m Receipt hereof to			
PR NO.	Item No.	Qty	Unit	C: D LI	Item Description		Unit Cost	Total Cost	
1605-06-43	2	48 39	pieces	Sign Pen, blue Sign Pen, black			16.50 16.50	792.00 643.50	
	3	500	reams	Paper, whitewove, lor	na		120.00	60,000.00	
				For replenishment of office supplies				61,435.50	
				Posted on GEPS: Ma					
				****** nothing follows	*****				
lex: Ex 57. 2,742.66 V. 548.57 3,291.19									
	01-10								
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Conditions:	shall impan	nonalty in	an amount oa	ijvalent to 1/10 of 194 of the	total value of undeliver	ad order for each day of	f the delay as liquidate.	damage	
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.									
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.									
Vany truly va	iro		DDO VID	udget FY 2016	Recommending	Approval:	Approved by		
BRO No Charge to: Exp. Code				udget F1 2010	Recommending	Approvai.	Approved by	•	
			Charge to:	MODE					
			Exp. Code	Amount .					
774-10				P61.475.50					
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JOHN 2					100		1 Am		
GARY S. VELAYO			PATRICK ANGELO L. UY		ARNEIL B. SUB	IBI	DENNIS B. ADR	E	
Administrative Officer IV			Budget Officer Designate		Division Chief IV,	MSD	Regional Vice Pre	sident	
Received cop	by of P.O.	on	1		Conformed:			1 1	
DATE DATE DATE DATE DATE DATE DATE DATE					1			0/8/14	

Supplier/Representative