

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: HANA GRAFIX PRINTING SERVICES	PO NO. 16-07-204
Address: Door 3 Lua Building, corner Quirino & J.P. Laurel Avenue, Davao City	PO Date: July 27, 2016
Contact No. 227-2145 / 286-3024	Terms of Payment: 15 working days
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 931-766-906-001	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
1604-07-01	1	44	pieces	Corporate Shirt (additional) For PRO XI personnel (lacking sizes from CorMar) ***** nothing follows ***** less: 2x 3/4 514.80 1/2 171.60	390.00	17,160.00 686.40 <u>\$16,473.60</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>767-00</u> Amount <u>\$17,160.00</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>8/10/16</u>		Conformed:	
Received by: _____		Supplier/Representative _____ Date _____	