



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

16 09 1322

| | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Supplier: PROVO WATER REFILLING | PO NO. 16-08-208 |
| Address: 45 Sunrise Village, Matina Aplaya, Davao City | PO Date: August 4, 2016 |
| Contact No. 295-7060, 0946-6678997 | Terms of Payment: 15 working days |
| <input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 452-244-240-000 | 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 |
|------------|----------|-----|------------|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| 1607-06-03 | 1 | 308 | containers | Drinking Water (July 2016) for PRO XI ***** nothing follows ***** less: by 2% 369.60 1% 123.20 | 40.00 | 12,320.00 492.80 <u>\$11,827.20</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>\$12,320.00</u> PATRICK ANGELO L. UY Budget Officer Designate | Recommending Approval: ARNEL B. SUBIBI Division Chief IV, MSD | Approved by: DENNIS B. ADRE Regional Vice President |
| Received copy of P.O. on _____ Received by: <u>Maria Teresa</u> | | Conformed: _____ Supplier/Representative _____ Date _____ | |