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

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





PURCHASE ORDER

Supplier:	TESORO'S PRINTING PRESS					PO NO. 16-08-217			
Address:	35-37 C. Bangoy Street, Davao City					PO Date:	August 10, 2016		
Contact No.	. 300-8688, 226-4997 (fax)					Terms of Payment:	15 working days		
x VAT		NON-VAT	- the same of the	TIN: 000-077-188-00	0	Mode of Procureme		Local Shopping	
				er to this Office within		THE RESERVE AND ADDRESS OF THE PARTY OF THE			
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1607-13-03	1	500	pieces	Training Kit Folder			65.00	32,500.00	
	2	500	pieces	Notepad			35.00	17,500.00	
	3	500	pieces	Notebook			90.00	45,000.00	
				For Corporate giveaw	A STATE OF THE PARTY OF THE PAR			95,000.00	
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				949					
Conditions:	201222	22 23	5 3			5 V 63 V 51 525		250	
				ivalent to 1/10 of 1% of the	total value of undeliver	ed order for each day of t	he delay as liquidated	d 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.									
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. For imported items, IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery.									
and definition of the second of the equipment make the protection of the equipment make the protection upon delivery.									
Very truly yours, PRO-XI Budget FY 2016				Recommending	Approval:	Approved by			
			BRO No	MONE					
Charge to: MODE									
Exp. Code Amount									
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(60)					/11:		b		
CARVE VELAVO					PV		9/~		
GARY S. VELAYO PATRICK ANGELO L. UY Administrative Officer IV Rudget Officer Designate					ARNEIL B. SUB		DENNIS B. ADR		
Administrative Officer IV Budget Officer Designate					Division Chief IV,	MSD	Regional Vice Pres	sident	
Received copy of P.O. on Conformed:									
Received by: Mattal 9-1-16									
, , source by .	/	XXX	1		Supplier/Repres	entative	15	Date	
/	1	1				NAME OF TAXABLE PARTY O			