

## 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:	D.A. ADS UNLIMITED DESIGN INC.					PO NO. <b>16-08-218</b>		
Address:	G/F Plug Holding Building, Rizal Extension, Davao City				ty	PO Date:	August 10, 2016	
Contact No.	305-0103					Terms of Payment:	15 working days	
VAT	X	NON-VAT		TIN: 459-969-079-00	0	Mode of Procureme		Local Shopping
		Р		er to this Office within	15 working days fro	m Receipt hereof the		
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost
1607-13-03	1	500	pieces	Ballpen with case	· · · · · · · · · · · · · · · · · · ·		100.00	50,000.00
	2	30	boxes	Business Card (100 p			400.00	12,000.00
				For Corporate giveaw Posted on GEPS: Ju				62,000.00
				****** nothing follows				
				1-0-1-0	1 1010	4)		
				1885: Pex	3/, 1,860.	.10		
					. 620	-N		> 480-N
					7). 1,860.			2/1
					/-			2,480·N \$19,520.N
								3113.00
					,			
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, PRO-XI Budget FY 2016				udget FY 2016	Recommending	Approval:	Approved by:	
BRO No								
	Charge to: MODE							
	Exp. Code Amount							
767 N 7 112.000 \			/		,			
T -				lm d				
15A 2				/ m				
GARY S. VELAYO PATRICK ANGELO L. UY				ARNEIL B. SUB				
Administrative Officer IV Budget Officer Designate				Division Chief IV, I	MSD	Regional Vice Pres	ident	
Received copy of P.O. on Conformed:								
Received by:								
Received by:					Supplier/Represe	entative		Date