

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:	BESTPRI	NT ADVER	RTISING		PO NO. 16-08-219				
Address:	Purok Rai	mbutan, B	arangay Ma	gugpo East, Tagum City		PO Date: August 11, 2016			
Contact No.	. (084) 308-0403					Terms of Paymen	t: 15 working days		
VAT	X	NON-VAT		TIN: 948-010-390-000		Mode of Procuren	nent:	Local Shopping	
				er to this Office within 1					
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost	
1607-17-02	-	15	pieces	Client Survey Box, acr For ARTA / QMS of LF ******** nothing follows /esc:	ylic HIO Tagum ******	2.7	1,000.00	15,000.00	
Render you	or bills in tripli of the receipt	cate copies of the P.O.	including the o	uivalent to 1/10 of 1% of the original. s not indicated, it is deemed SPECIFICALLY showing the	received on the 10th w	orking day of the app	roval of the P.O.		
Very truly yours,			PRO-XI Budget FY 2016 BRO No. Charge to: 10-10-7777-10 Exp. Code Amount		Recommending	Approval:	Approved by:		
Joseph James					m		g		
GARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. SUE		DENNIS B. ADRE		
Administrative Officer IV Budget Officer Designate					Division Chief IV,	MSD	Regional Vice Pr	esident	
Received co		on	9/15/16	_ (9	Conformed:			9/4/11	
Received by	1			: S	Supplier/Repres	ontativo		Date	
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