



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: <b>TESORO'S PRINTING PRESS</b>		PO NO. <b>16-08-220</b>				
Address: <b>35-37 C. Bangoy Street, Davao City</b>		PO Date: <b>August 11, 2016</b>				
Contact No. <b>300-8688, 226-4997 (fax)</b>		Terms of Payment: <b>15 working days</b>				
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 000-077-188-000		Mode of Procurement: <b>Local Shopping</b>				
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
1604-13-05	1	280	pieces	Notepad For distribution of employers/peers for the upcoming employer/peer forum ***** nothing follows *****  less: 2x 5% 600.00 1% 120.00	48.00	13,440.00  720.00 <u>12,720.00</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,   <b>GARY S. VELAYO</b> Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MCOE</u> Exp. Code <u>767-00</u> Amount <u>\$12,440.00</u>   <b>PATRICK ANGELO L. UY</b> Budget Officer Designate	Recommending Approval:   <b>ARNEL B. SUBIBI</b> Division Chief IV, MSD	Approved by:   <b>DENNIS B. ADRE</b> Regional Vice President
	Received copy of P.O. on _____  Received by:  9-1-16	Conformed:  Supplier/Representative _____ Date _____	