



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

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





Supplier: PRINCE EDUCATIONAL SUPPLY						PO NO.	16-08-226		
Address:	132 Bolton	Street, I	Davao City			PO Date:	August 23, 2016		
Contact No. 226-3617, 227-1983, 300-0161 (fax)						Terms of Payment:	15 working days		
C VAT		NON-VA	Г	TIN: 178-130-560		Mode of Procureme	nt:	Local Shopping	
	2.7			er to this Office within		m Receipt hereof the		_	
PR NO.	Item No.	Qty	Unit	5 1 01 1 1	Item Description		Unit Cost	Total Cost	
1606-06-25	1	1	piece	Puncher, 3-hole, hea	avy duty		1,848.00	1,848.0	
	2	3	pieces	Ink Pad, for self inkir	no stamp		92.50	277.5	
	3	1	piece	Rubber Inscription, for	MI.		90.00	90.0	
			And South	For HRU			-		
	4	66	pieces	Trash Bin with cover			185.00	12,210.0	
				For QMS Compliance			102 100		
1607-06-13	5	4	pieces	Eraser, for whiteboar			12.50	50.0	
	6	100	rolls	Tape, packaging, 2 in			20.00	1,600.0	
	7 8	100	rolls	Tape, transparent, 1 Tape, transparent, 2			10.00 20.00	1,000.0 1,000.0	
	0	30	10113	For replenishment of			20.00	1,000.0	
	9	6	pieces	Rubber Stamp (CAN			120.00	720.0	
	10	1	piece	Rubber Stamp (Rece			95.00	95.0	
	11	1	piece	Rubber Stamp (Certi	fied True Copy)		95.00	95.0	
				For PMAC					
1607-06-17	12	400	pieces	Ballpen, blue			3.00	1,200.0	
	13 15	30 30	pads	Stick-on Note Pad, 7 Stick-on Note Pad, 7			21.50 17.50	645.0 525.0	
	15	10	pads pieces	Ring Binder, 3/4 inch		black	17.50	175.0	
	15	10	picces	For replenishment of		, DIGOR	17.50	21,530.5	
				****** nothing follow					
				ler: b	= 01.1	7			
				less. lex	57. 961.19 12.192.1	C			
					1 192 .7	14		\$20,377.08	
					1			A 2\ 00	
								720,377.08	
onditions:			_						
	shall impose	penalty in	an amount eq	uivalent to 1/10 of 1% of the	e total value of undeliver	ed order for each day of the	ne delay as liquidate	d damages	
Render your	bills in triplica	ate copies	including the	original.					
If the date of	the receipt o	f the P.O.	by the dealer i	s not indicated, it is deeme	d received on the 10th w	orking day of the approva	of the P.O.		
For imported	items, IMPC	RTANT D	OCUMENTS	SPECIFICALLY showing the	ne condition(s) and serial	numbers of the equipme	nt must be presented	d upon delivery.	
ery truly you	Irs.		PRO-XI E	Sudget FY 2016	Recommending Approval:		Approved by:		
			BRO No			1.4.			
			Charge to:	MODE					
		1	Exp. Code	Amount 21.570.50					
			11410	1 711810.00					
				1	1-1		A.		
TOR S					ph		l pro-		
GARY S. VELAYO PAT				ICK ANGELO L. UY ARNE		IBI	DENNIS B. ADRE		
Administrative Officer IV Budget Of				cer Designate	Division Chief IV,	MSD	Regional Vice Pre	esident	
ministrative									

Supplier/Representative

Date