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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: DAVAO MARK ENTERPRISES, INC.	PO NO. 16-08-228
Address: 128 E. Quirino Avenue, Davao City	PO Date: August 23, 2016
Contact No. 222-5488, 222-0123 (fax)	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 005-160-818-000	Mode of Procurement: Local Shopping

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
1607-06-13	1	10	pieces	Clear Book, A4	40.00	400.00
	2	100	pieces	Clear Book Refill, with 3 holes For ORVP	4.50	450.00
1607-06-17	3	15	pieces	Ring Binder, 1 inch x 44 inches, plastic, black For replenishment of office supplies ***** nothing follows *****	24.00	360.00
						1,210.00
<p>less: tax 5%. 54.02</p> <p>1%. 10.80</p> <hr style="width: 10%; margin-left: auto; margin-right: 0;"/>						<p style="text-align: center;">64.82</p> <hr style="width: 10%; margin-left: auto; margin-right: 0;"/> <p># 1,145.18</p>

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, GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No. _____ Charge to: <u>MOOE</u> Exp. Code <u>999-110</u> Amount <u>₱ 1,210.00</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by: _____		Conformed: MARVIN B. T. Supplier/Representative	
		Date <u>9/2/16</u>	