

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:	CASI MA	RKETING	CORPORAT	ION	PO NO. 16-08-230			
Address:	McArthui	r Highway	, Matina, Day	ao City	PO Date: August 24, 2016			
Contact No.	297-6585					Terms of Payment: 15 working days		5
x VAT		NON-VA	Т	TIN: 000-074-217		Mode of Procureme		Local Shopping
AL VIII				er to this Office within				
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost
1608-06-07	1	2	pieces	Tire, 195 R15 C 106		urasport)	4,250.00	8,500.00
		0.00		For Toyota Grandia (SHE-366) Tire, 195 R15 C 106/104 S (Goodyear Durasport)				
1608-06-09	2	4	pieces			urasport)	4,250.00	17,000.00 25,500.00
				For Toyota Grandia (******** nothing follow	A CHARLES OF THE STATE OF THE S			25,500.00
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Conditions:								
	shall impose	e penalty in a	an amount equ	ivalent to 1/10 of 1% of the	total value of undelivere	ed order for each day of the	ne delay as liquidated	damages
2 Render your	bills in tripli	cate copies	including the o	riginal.				
3 If the date of	f the receipt	of the P.O.	by the dealer is	not indicated, it is deemed	d received on the 10th w	orking day of the approva	l of the P.O.	
4 For imported	d items, IMP	ORTANT D	OCUMENTS S	PECIFICALLY showing the	ne condition(s) and serial	numbers of the equipme	nt must be presented	upon delivery.
Very truly yours, PRO-XI Budget FY 2016 BRO No					Recommending	Approval:	Approved by:	
			Charge to:_	MOOE				
			774-10	P Amount			()
			11410	1013001	//			
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Soft I					100			
GARY S. VELAYO PATRICK ANGELO L.					ARNEIL B. SUB		DENNIS B. ADRE	
Administrative			Budget Office	er Designate	Division Chief IV, I	MSD	Regional Vice Pres	sident
Received cor	by of P.O.	on	1		Conformed		0	1
Received by:					Chine C-Do	agende		826/16
noocived by					Supplier/Represe			Date