

Republic of the Philippines

over.

PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

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





				PURCH	ASE O	RDER				
Supplier:	TOYOTA DAVAO CITY, INC.					PO NO.	16-08-233	16-08-233		
Address:	Km. 6 La	nang, Dav	ao City			PO Date:	August 26, 2016	August 26, 2016		
Contact No.	234-2994	, 234-2756	(fax)			Terms of Payme	ent: 15 working days	15 working days		
X VAT	_, □	NON-VAT		TIN: 004-444-927		Mode of Procure		Local Shopping		
PR NO.	Item No.		lease Delive Unit	er to this Office within 1		m Receipt hereo		Total Cost		
1608-06-30		Qty 1	lot	30,000 km Maintenan	Item Description ce Check-up		Unit Cost 13,730.82	Total Cost 13,730.82		
	35	1	lot	For Toyota Grandia (S	The state of the s		10,100.02	, , , , , , , ,		
1608-06-38	2			105,000 km Maintenance Check-up For Toyota Grandia (SHE-366) ******* nothing follows *******		14,648.54	14,648.54			
							28,379.36			
				lere: by	· - 12/	011				
				1085 - 104	2/ 50	.44				
					2, 50	e.77		17+2.71		
					1			1,773.71 \$26,605.65		
								\$26, 1005. WS		
							1			
				l-						
Conditions:										
				uivalent to 1/10 of 1% of the	total value of undelive	red order for each da	ay of the delay as liquidated	d 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.										
CALL TO THE SECOND SECOND				SPECIFICALLY showing the				upon delivery.		
								<u> </u>		
Very truly yours, PRO-XI Budget FY 2016 BRO No Charge to: MODE					Recommending	Approval:	Approved by			
			Exp. Code	h Amount						
847-12 72.779.74					1					
4001 2 +					Pari		-			
9014					YVV		Pool	1		
GARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. SU					
Administrative	e Officer IV	N.	Budget Office	cer Designate	Division Chief IV	MSD	Regional Vice Pre	sident		
Received co	py of P.Q	on			Conformed:		6			
Received by	7	14			396					
					Supplier/Repre	sentative		Date		