

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



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Supplier:	PAPERKL	ONE PRI	NTS ATBP.		PO NO. 16-08-234					
Address:	Door 3 Vil	la Fontana	a Arcade, Bo	olton Street, Davao City	PO Date:		August 31, 2016	August 31, 2016		
Contact No.	225-8226					Terms of Payment:	15 working days			
VAT		NON-VAT		TIN: 941-309-521		Mode of Procureme		Local Shopping		
				er to this Office within 1						
PR NO.	Item No.	Qty	Unit		Item Description		Unit Cost	Total Cost		
1608-15-04	1	1	piece	Tarpaulin, 72 inches		ns Charter)	1,800.00	1,800.00		
	2	1	piece	Tarpaulin, 8 feet x 16			2,304.00	2,304.00		
	3	1	piece	Tarpaulin, 47 inches		300 1 200	347.00	347.00		
				For PhilHealth Citizen				4,451.00		
				****** nothing follows		3		178.04 178.04 178.04 178.04		
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Conditions:										
1 The agency	shall impose	penalty in a	an amount equ	ivalent to 1/10 of 1% of the	total value of undeliver	ed order for each day of t	he delay as liquidate	d damages		
22 1 (12 42 15 16 16 16 17 19 16 17 17 17	And the second second second		ncluding the o							
3 If the date of	f the receipt	of the P.O.	by the dealer is	not indicated, it is deemed	received on the 10th w	orking day of the approva	al of the P.O.			
4 For importe	d items, IMP	DRTANT DO	OCUMENTS S	SPECIFICALLY showing the	e condition(s) and serial	numbers of the equipme	nt must be presented	upon delivery.		
Man, to de	uro		DDO VID	udget EV 2016	Recommending	Approval	Approved by			
Very truly yo	urs,			udget FY 2016	Recommending	Apploval.	Approved by			
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			Exp. Code	Amount 4 445 VV						
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GARY S. VELAYO PATRICK ANGELO L. UY					ARNEIL B. SUE	BIBI	DENNIS B. ADR	ENNIS B. ADRE		
Administrative Officer IV Budget Officer Designate				Division Chief IV,		Regional Vice Pre				
A Committee of the Comm	Secretarion in		Dadger Office	S. Doolgilato			3.0			
Received co	by of P.O.	on		1 1	Conformed:	01				
Received by					Jewarer 1	var Philiplu	3	7/7/14		
					Supplier/Repres	entative /	Y	Date		
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