



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: NEED INK SALES & SERVICES	PO NO. 16-09-236
Address: Door 18 Gahol Building, DMSF Drive, Davao City	PO Date: September 1, 2016
Contact No. 300-2373, 321-5244	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 206-149-524-006	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
1608-06-15	1	16	carts	Toner, CC364A For replenishment of printing supplies Posted on GEPS: August 10, 2016 *****nothing follows***** <div style="text-align: right; font-family: cursive;"> less: tax 5% 4,142.86 1% 828.57 </div>	5,800.00	92,800.00 <div style="text-align: right; font-family: cursive;"> 4,971.43 <u>87,828.57</u> </div>

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>M00E</u> Exp. Code <u>734-10</u> Amount <u>₱ 92,800.00</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: <div style="text-align: center; font-weight: bold;">ARNEIL B. SUBIBI</div> Supplier/Representative _____ Date <u>9/9/16</u>	