



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: PROVO WATER REFILLING		PO NO. 16-09-239				
Address: 45 Sunrise Village, Matina Aplaya, Davao City		PO Date: September 2, 2016				
Contact No. 295-7060, 0946-6678997		Terms of Payment: 15 working days				
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 452-244-240-000		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
1608-06-03	1	262	containers	Drinking Water (August 2016) for PRO XI ***** nothing follows ***** less: 1/2 x 3/4 314.40 1/4 104.80	40.00	10,480.00 419.20 10,060.80

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>MDOE</u> Exp. Code <u>774-10</u> Amount <u>\$ 10,480.00</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval: ARNEL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____ Received by: <u>Melvin P. Reyes</u>		Conformed: _____ Supplier/Representative _____ Date <u>9-1-16</u>	