

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 ORDE	P	U	R	C	H	A	S	E		0	R	D	E	F	₹	
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Supplier:	PRINCE	EDUCATIO	NAL SUPP	LY		PO NO.	16-09-240	
Address:	132 Bolto	n Street, I	Davao City			PO Date:	September 5, 2	016
Contact No.				ax)		Terms of Payment:		
X VAT		NON-VAT		AND THE RESERVE OF THE PARTY OF		Mode of Procureme		
IAJ VAT				TIN: 178-130-560 er to this Office within	15 working days fro			Local Shopping
PR NO.	Item No.	Qty	Unit	er to triis Office within	Item Description	in Neceipt hereof the	Unit Cost	Total Cost
1608-06-18	1	6	pieces	Flash Disk, 8 GB			210.00	1,260.00
		3,586	1.0	For Legal Services U	Init			
	2	3	pieces	Rubber Stamp			37.50	112.50
			10000	For GSU				
	3	1	piece	Extension Cord, 6-ga For PMAC	ing, 20 meters		1,975.00	1,975.00
1608-08-01	4	1	piece	Self Inking Stamp (Co	ertified True Copy)		560.00	560.00
	5	2	pieces	Self Inking Stamp (na	ame & position)		350.00	700.00
				For Comptrollership U	Unit			4,607.50
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					1			246.83 \$4,360.67
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							4.	
Conditions:								
	shall impose	penalty in a	in amount equ	ivalent to 1/10 of 1% of the	total value of undeliver	ed order for each day of the	e delay as liquidates	I damages
			ncluding the o		TOTAL TOTAL OF ALIGENVER	or der for each day of th	io delay as inquidated	- Januages
No. of the second of the second	Action of the second		and the second	not indicated, it is deemed	received on the 10th w	orking day of the approval	of the P.O	
				SPECIFICALLY showing the				upon delivery.
						I day	processor	,
Very truly you	irs,		PRO-XI B	udget FY 2016	Recommending	Approval:	Approved by:	
			BRO No	Λ. h.				
			Charge to:_	MODE				
			Exp. Code	Amount				
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			774-10	1 71/14/140	//.		1	
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GARY S. VE	AYO		PATRICK	NGELO L. UY	ARNEIL B. SUB	IRI	DENNIS B. ADR	-
Administrative				er Designate	Division Chief IV,	The state of the s	Regional Vice Pres	
			budget Offic	or Designate		WOD I	Togional vice Pres	nuont
Received cop	y of P.O.	on			Conformed:		.02	
Received by:	1/2	80	4	7-20-66				
		1		0 00	Supplier/Represe	entative		Date