



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: THE VALUE SYSTEMS PHILIPPINES INC.		PO NO. 16-09-243				
Address: Door No. 2 DBC Building, E. Quirino Avenue, Davao City		PO Date: September 5, 2016				
Contact No. 295-3469		Terms of Payment: 15 working days				
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 201-536-012-002		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
1608-06-29	1	1	unit	Hard Disk Drive, multi docking station (Marshal) For ITMS ***** nothing follows ***** less: bx 5. 98.21 i. 19.64	2,200.00	2,200.00 117.85 2,082.15

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>CAPEX</u> Exp. Code <u>278-20</u> Amount <u>\$2,200.00</u>	Recommending Approval: ARNEL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on <u>9-26-2016</u>		Conformed:	
Received by:		Supplier/Representative _____ Date _____	