

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI
 Valgozons Building, Bolton Extension, Davao City
 Telephone Number 295-3382
 www.philhealth.gov.ph



PURCHASE ORDER

Supplier: CANON MARKETING (PHILIPPINES), INC.	PO NO. 16-09-244
Address: #333 Sunbright Building, Monteverde Avenue, Davao City	PO Date: September 5, 2016
Contact No. 227-3820, 227-8929, 226-2050 (fax)	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 000-159-448-002	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
1608-06-40	1	4	cartridges	Toner, FX9 For replenishment of office supplies ***** nothing follows ***** <div style="text-align: right; font-family: cursive;"> 1 ea: box of 758.39 1/2 151.68 </div>	4,247.00	<div style="text-align: right; font-family: cursive;"> 910.07 <u>16,077.93</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>MODE</u> Exp. Code <u>714-12</u> Amount <u>16,988.</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:		Confirmed: _____ Supplier/Representative _____ Date _____	