

Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building Bolton Extension, Davao City Teleletax Number (082) 295-3382 www.philhealth.gov.ph

PO NO.

16-09-246



Date

PURCHASE ORDER

Supplier:	Lagran product from the Company of t					PO NO. 16-09-246		
Address:						PO Date:	September 8, 2016	
Contact No.				W. Carlotte		Terms of Payment:	15 days	
□ VAT	Пи	ON-V	AT	TIN:		Mode of Procureme	ent:	Public Bidding
	Please Deliver to this Office within 30 days from Receipt hereof the following:							
RIS NO.	Item No.	Qty	Unit		em Descriptio		Unit Cost	Total Cost
1606-06-24	1	12	unis	Air-Conditioning Equip	pment, 3.0 T	R Floor Mounted,	99,923.08	1,199,076.96
S. S.F				Split Type, Inverter;				
	2	12	units	Air-Conditioning Equip	pment, 3.0 T	R Floor Mounted,	99,923.08	1,199,076.96
				Split Type, Inverter;				
	3	2	units	Air-Conditioning Equipment, 3.0 TR Floor Mounted,		99,923.08	199,846.16	
				Split Type, Inverter;		D. E	00 000 00	700 204 /4
	4	8	units	Air-Conditioning Equip		R Floor Mounted,	99,923.08	799,384.64
				Split Type, Non-Inverte				
				For PRO XI & PRO XI LI		***		
					othing follow hilGEPS: <u><b>Jun</b></u>			3,397,384.72
				10316411111	TINOLI J. JOH	C 10, 2010		0,077,004.72
				104: 1x 57.	151,668	.94		
					20 22%	79		102 002 75
				104: 1x 57.	10/5/11	. /		182,602.75
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C = = 111 = = = 1								
Conditions:				2	5)			and the distance of
-550 000				uivalent to 1/10 of 1% of the total	al value of unde	livered order for each day	of the delay as I	iquicatea damages
2 Render your bi	lls in triplicate	copies	including the o	riginal.	recipied on the 1	Oth working day of the an	proval of the P.O.	
3 If the date of the	ne receipt of t	INE P.O.	by the dealer	is not indicated, it is deemed re FICALLY showing the condition	als) and serial nu	mbers of the equipment m	nust be presented	upon delivery.
		1111 000		dget F.Y 2016		ending Approval:		Approved by:
Very truly yours, PRO-XI Budget F.Y 2016 Recommendation Recommenda							1	V. 55
		- 0	Charge to:	CAPEX				
3.			Exp. Code	9 9				
			2718-10	\$ 3.397,384.92		0		1
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				CK ANGELO L. UY		ARNEIL B. SUBIBI	_	ENNIS B. ADRE
Administrative Officer IV CSIO/Budget Officer Designate Division Chief IV Regional Vice President								
Received cor	by of P.O.	on			Conformed	X		T
Received by: Our Proceeding Inc. marie July del principle								9/27/2014
Received by: Ohr Prosystems Inc								1 1 1 2010