

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

16 09 1398

Supplier: TOYOVAC SERVICE CENTER		PO NO. 16-09-247
Address: Door #2, Nengasca Building, Sta. Ana Avenue, Davao City		PO Date: September 13, 2016
Contact No. 224-1673		Terms of Payment: C.O.D.
<input type="checkbox"/> VAT	<input checked="" type="checkbox"/> NON-VAT	TIN: 160-827-466
		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
1608-06-33	1	1	lot	Power Steering Pump Assembly Repair For Nissan Frontier (SFK-455) ***** nothing follows ***** <i>less: bx 3/1.</i>	3,700.00	3,700.00
						<i>111. N</i> <i>\$ 3,589. N</i>

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>MOET</u> Exp. Code <u>817-00</u> Amount <u>\$2,700.</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 _____	