

## Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - XI

Valgosons Building, Bolton Extension, Davao City Telephone Number 295-3382





PURCHASE ORDER

| Supplier:                                                                                          | TESORO           | 'S PRINTIN                   | NG PRESS                           |                                                                                                     |                                         | PO NO.                                                                                            | 16-09-250          |                |  |
|----------------------------------------------------------------------------------------------------|------------------|------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|----------------|--|
| Address:                                                                                           | 35-37 C. I       | Bangoy St                    | reet, Davao                        | City                                                                                                |                                         | PO Date:                                                                                          | September 15, 2016 |                |  |
| Contact No.                                                                                        | 300-8688         | 226-4997                     | (fax)                              |                                                                                                     |                                         | Terms of Payment:                                                                                 | 15 working day     | /S             |  |
| X VAT                                                                                              |                  | NON-VAT                      | -                                  | TIN: 000-077-188-00                                                                                 | 00                                      | Mode of Procureme                                                                                 |                    | Local Shopping |  |
|                                                                                                    |                  |                              | lease Deliv                        | er to this Office within                                                                            | 15 working days                         | from Receipt hereof th                                                                            |                    | 7              |  |
| PR NO.                                                                                             | Item No.         | Qty                          | Unit                               |                                                                                                     | Item Description                        | n                                                                                                 | Unit Cost          | Total Cost     |  |
| 1608-12-03                                                                                         | 1                | 1200000                      | pieces                             | PhilHealth Identificat For ID's of Senior Cit Posted on GEPS: S *********************************** | tizens<br>eptember 7, 201<br>vs ******* |                                                                                                   | 0.30               | 360,000.00     |  |
|                                                                                                    |                  | 19                           |                                    | 1685.                                                                                               | 以 57.                                   | 6,071.43                                                                                          | 2                  | 19,285.72      |  |
|                                                                                                    |                  |                              |                                    |                                                                                                     | 1/                                      |                                                                                                   |                    | \$740,714.28   |  |
|                                                                                                    |                  |                              |                                    |                                                                                                     |                                         |                                                                                                   | j                  |                |  |
|                                                                                                    |                  |                              |                                    |                                                                                                     |                                         |                                                                                                   |                    |                |  |
|                                                                                                    |                  |                              |                                    |                                                                                                     |                                         |                                                                                                   |                    |                |  |
| <ul><li>2 Render your</li><li>3 If the date of</li></ul>                                           | bills in triplic | cate copies in of the P.O. b | ncluding the or<br>y the dealer is | iginal.<br>not indicated, it is deemed                                                              | received on the 10th                    | rered order for each day of the approvation working day of the approvatial numbers of the equipme | al of the P.O.     |                |  |
| Very truly yours,  PRO-XI Budget FY 2016 BRO No. XI- Ile - Iガガー D子 Charge to: MDOt Exp. Code のいっかり |                  |                              |                                    |                                                                                                     | Recommendir                             | ng Approval:                                                                                      | Approved by        |                |  |
| Story 2                                                                                            |                  |                              |                                    |                                                                                                     | m                                       | 1                                                                                                 | m                  |                |  |
| GARY S. VELAYO PATRICK ANGELO L UY                                                                 |                  |                              |                                    |                                                                                                     | ARNEIL B. SI                            | JBIBI                                                                                             | DENNIS B. ADRE     |                |  |
| Administrative Officer IV Budget Officer Designate                                                 |                  |                              |                                    |                                                                                                     | Division Chief I                        |                                                                                                   | Regional Vice Pres |                |  |
| Received cop                                                                                       | y of P.O.        |                              | -                                  | _ 43                                                                                                | Conformed:                              |                                                                                                   |                    |                |  |
| Received by:                                                                                       | Aug              | enfine                       | m 9/20                             | 16                                                                                                  |                                         |                                                                                                   |                    |                |  |
|                                                                                                    | 1                | )(                           | 1                                  |                                                                                                     | Supplier/Repr                           | esentative                                                                                        |                    | Date           |  |