



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: PAPERKLONE PRINTS ATBP.	PO NO. 16-09-262
Address: Door 3 Villa Fontana Arcade, Bolton Street, Davao City	PO Date: September 29, 2016
Contact No. 225-8226	Terms of Payment: 15 working days
<input type="checkbox"/> VAT <input checked="" type="checkbox"/> NON-VAT TIN: 941-309-521	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
1608-13-05	1	10	pieces	Tarpaulin, 3 feet x 4 feet (3rd Qtr. IPM Deadline) For PRO XI, Expresses Offices and Barangays	216.00	2,160.00
1609-13-03	2	2	pieces	Tarpaulin, 12 inches x 40 inches (BarHop Streamer)	50.00	100.00
	3	2	pieces	Tarpaulin, 9.9 inches x 33.2 inches (BarHop Streamer) For the conduct of BarHop Agdao ***** nothing follows *****	34.00	68.00
						2,328.00

less: 12x 3/4 69.84
 1/2 23.28

93-12
\$2,234.88

Conditions:

- 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
- Render your bills in triplicate copies including the original.
- 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.
- 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>MOOE</u> Exp. Code <u>767-00</u> Amount <u>\$2,234.88</u>	Recommending Approval: ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by: DENNIS B. ADRE Regional Vice President
Received copy of P.O. on <u>10-11-16</u>		Conformed:	
Received by: <u>Cathrine Agut Talud</u>		Supplier/Representative _____ Date _____	