



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: THE HIVE-AVLS DAVAO INC.	PO NO. 16-09-263
Address: Door 2, JM Building, Governor Sales Street, Davao City	PO Date: September 29, 2016
Contact No. 282-2035, 304-1459	Terms of Payment: 15 working days
<input checked="" type="checkbox"/> VAT <input type="checkbox"/> NON-VAT TIN: 290-392-766-000	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
1609-10-01	1	1	box	Ribbon, YMCK, for ID card printer CX-330	12,500.00	12,500.00
	2	1	box	Re-Transfer Film, CY3RA-100DN, 1000 cards	6,500.00	6,500.00
	3	2	rolls	Laminating Patch, CYR10FC-60, 600 images / roll	9,000.00	18,000.00
	4	1000	pieces	ID Card, UV Offset Printing Professional Health Card For AQAS	10.00	10,000.00
				***** nothing follows *****		47,000.00
				less: tax 5% 2,098.21 1% 419.64		2,517.85
						<u>44,482.15</u>

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>MODE</u> Exp. Code <u>774-10</u> Amount <u>\$10,000</u> <u>774-10</u> <u>37,000</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 <u>Oct. 27, 2016</u>		Conformed:	
Received by: <u>LLENILYN F. TRIBAL</u>		Supplier/Representative	Date