

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Regional Health Insurance Office XII

Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato

Purchase Order

SUPPLIER: MINDANAO CROSS PUBLISHERS, INC.

ADDRESS: COTABATO CITY

TELEPHONE/FAX NO.:

SUPPLIER REGISTERED WITH:

P.O. No.: 01-001-16

Date: 1/4/2016

TERMS OF PAYMENT: 30 days

MODE OF PROCUREMENT: Direct Contracting

Please deliver to this office within _____ days from the receipt hereof the following:

QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
12	MONTH S	1/4 PAGE, PRINT ADS, R...	1/4 PAGE, PRINT ADS, REGIONWIDE COVERAGE (JANUARY - DECEMBER 2016)	2,880.00	34,560.00
		TAX	WITHHOLDING TAX 2%	-617.14	-617.14
		TAX	VAT 5%	-1,542.86	-1,542.86
Total					PHP 32,400.00

CONDITIONS:

1. The Agency shall impose penalty in an amount equivalent to 1/10 of 1 percent of the value 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 this PURCHASE ORDER by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of approval.
4. For imported items, IMPORTANT DOCUMENTS, especially showing of condition, serial number of the equipment purchased, and tax receipts, should be submitted by the supplier.

Funds available in the amount of P 34,560.00

GENLY DELA VICTORIA AGNOT, CPA
Fiscal Controller III
FISCAL CONTROLLER

MERLIE C. SABUG, MPA
DIVISION CHIEF IV

Approved:

MIRIAM GRACE G. PAMONAG, M.D.
REGIONAL VICE PRESIDENT

Received copy of P.O. on 1/6/16
By: _____

CONFORME: Gemma A. Peñaflor
PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE