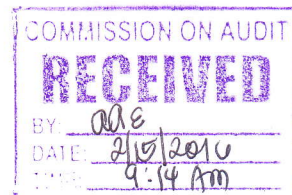


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Regional Health Insurance Office XII
Posadas cor. Abad Santos Sts., City of Koronadal, South Cotabato



Purchase Order

SUPPLIER: SPRINTER HARDWARE

ADDRESS: KORONADAL CITY

P.O. No.: 02-012-16

Date: 2/9/2016

TELEPHONE/FAX NO.: _____

SUPPLIER REGISTERED WITH: _____

TERMS OF PAYMENT: 30 DAYS

MODE OF PROCUREMENT: Small

same procurement

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

QTY	UNIT	ITEM	ITEM/DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
8	SETS	CONVENIENCE OUTLE...	CONVENIENCE OUTLET 2 GANG (FLUSH TYPE)	98.50	788.00
15	MTRS	FLATCORD #16	FLATCORD #16	28.00	420.00
2	BOXES	STAPLE WIRE 3/4	STAPLE WIRE 3/4	35.00	70.00
3	PACK	NO MORE NAILS ADHE...	NO MORE NAILS ADHESIVE	55.00	165.00
1	PC	DRILL BIT 1/4 (HHS)	DRILL BIT 1/4 (HHS)	65.00	65.00
		TAX	WITHHOLDING TAX 1%	-13.46	-13.46
		TAX	VAT 5%	-67.32	-67.32
Total					PHP 1,427.22

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 1,508.00

GENLY DELA VICTORIA HGHOT, 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 2-12-16
By: [Signature]

CONFORME: [Signature]

PRINT NAME AND SIGNATURE OF SUPPLIER/REPRESENTATIVE